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ABSTRACT

The second annual roundtable represents an on-going effort to share knowledge and information and to develop a common agenda and measure the achievement outcomes in child welfare. This roundtable's goals included: (1) reviewing and selecting appropriate outcomes for children and families in child welfare systems; (2) building understanding of a conceptual framework for identifying key outcomes; and (3) building agency and community consensus regarding outcomes. Following acknowledgements and an introduction, this summary of proceedings is comprised of the following sections: (1) "Roundtable Staff"; (2) "Opening Remarks"; (3) "Presentations of Experience," including presentations from Colorado, Texas, California, and Utah; (4) "Summary of Work Group Sessions," focusing on child safety, family continuity, preservation, child functioning, and family functioning; (5) "Getting Started" on some measurement issues to consider when developing outcome measures for child welfare services; and (6) "Summary of the Roundtable." (BGC)

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SECOND NATIONAL ROUNDTABLE ON OUTCOME MEASURES IN CHILD WELFARE SERVICES

SUMMARY OF THE PROCEEDINGS

PRESENTED BY
AMERICAN HUMANE ASSOCIATION
AND
NATIONAL ASSOCIATION OF
PUBLIC CHILD WELFARE ADMINISTRATORS
AN AFFILIATE OF
THE AMERICAN PUBLIC WELFARE ASSOCIATION

SAN ANTONIO, TEXAS
APRIL 7 - 9, 1994

CO-SPONSORED BY
THE TEXAS DEPARTMENT OF
PROTECTIVE AND REGULATORY SERVICES

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The views and opinions that are presented in the enclosed papers and articles do not necessarily reflect those of the American Humane Association (AHA), the National Association of Public Child Welfare Administrators (NAPCWA) or the Texas Department of Protective and Regulatory Services.

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ACKNOWLEDGMENTS

The support and participation of many talented individuals and organizations resulted in the success of the Second Roundtable on Outcome Measures in Child Welfare Services. American Humane Association (AHA) thanks the National Association of Public Child Welfare Administrators (NAPCWA), an affiliate of the American Public Welfare Association (APWA), for their leadership and ongoing commitment to co-convening the series of Roundtables.

We thank members of the national Planning Committee for their guidance and direction in developing the agenda, as well as to those members who contributed to the development of the background document: *A Framework for Outcome Measures in Child Welfare Services*, prepared in advance of the Roundtable. AHA and NAPCWA are especially grateful for the presenters and facilitators who contributed their time and ideas at their own expense. Their work was a key foundation to the Roundtable's success.

We also extend our gratitude to Lockheed IMS Child Welfare Services, Unisys Corporation and the Texas Department of Protective and Regulatory Services who generously supported the Second Roundtable.

On behalf of all of our partners and colleagues, we are pleased to present this Summary of the Proceedings.

Nancy C. McDaniel, MPA
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INTRODUCTION

The *Second Annual Roundtable on Outcome Measures in Child Welfare Services* was organized and convened by the American Humane Association (AHA) and the National Association of Public Child Welfare Administrators (NAPCWA), an affiliate of the American Public Welfare Association. This Roundtable, which represents the second in a series of five annual Roundtables planned by AHA and NAPCWA, was held in San Antonio, Texas on April 7-9, 1994 at the St. Anthony Hotel.

The overall purpose of the Roundtable process is to provide an ongoing forum to collectively address the issues associated with the design, implementation, and utilization of meaningful client outcome-focused measures of service effectiveness. The goals of the second Roundtable were to:

- review and select key outcomes appropriate for the children and families served by our child welfare systems;
- build understanding regarding a conceptual framework for identification of key outcomes; and
- explore processes for building agency and community consensus on key outcomes and indicators.

Through panel discussions, presentations, and work group sessions, the Second Roundtable represents an ongoing effort to share knowledge and information and to develop a common agenda and measure the achievement of outcomes in child welfare.

SECOND ANNUAL ROUNDTABLE ON OUTCOME MEASURES IN CHILD WELFARE SERVICES

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OPENING REMARKS

Second Annual Roundtable on Outcome Measures in Child Welfare

Welcome and Opening Remarks
Kittie K. Arnold, M.S.W.

I am pleased and honored to be here today and wish to welcome you to the timely Second Annual Roundtable on Outcome Measures in Child Welfare. I do so on behalf of Nancy Rawlings, current president, and the National Association of Child Welfare Administrators Executive Board.

NAPCWA, just having celebrated its tenth anniversary, was founded as a mechanism whereby child welfare administrators could create an agenda for developing progressive child welfare policy and sharing program information. In 1988, the Board approved Model Guidelines for Child Protective Services.

In 1991, members of NAPCWA were involved with the development of American Public Welfare Association's, Commitment to Change, which developed a framework for the delivery of services for children and families. Also in 1991, the first forum on outcomes was held, at which time public child welfare administrators began to look at how to define success in child welfare programs. In 1992, this was followed by American Humane's National Policy Institute, which supported the need to define the role of child welfare within the larger system of children and family services.

NAPCWA is also involved in a collaborative effort with the State Mental Health Representatives for Children and Youth (SMERCY) to develop guidelines for working together with the community mental health system to provide services to children and families.

As we enter this new direction in public child welfare, we can no longer do business as usual. We need to follow programs that we know work; we need to define where we are going. There is a need for accountability, especially in this time of shrinking and competing resources. We must be able to define clearly what we are doing and find out if it is working.

Historically, public child welfare has been reactive in our approach. In the 1950s and 1960s, we were family-service oriented, providing services to needy families. Then, with the information defining clearly the results of parental abuse, the funding and programs were focused on child protection. We defined our programs by the number of investigations that were done. Few resources were available to provide remedial services, other than foster care and adoption. At the data began to show large numbers of children in care, the focus was shifted to a concern that children were being lost in the in the foster care system. This was followed by a large investment in resources to monitor processes and to review paper trails - the assumption being that if specific activities were done, the results would be good.

I see this thinking as similar to the study just completed showing that bussing had little impact on the quality of education that children received, despite the premise that this activity in itself will result in a better quality of education for all children served.

We now have guidelines for the direction we want to follow. We clearly see the results of our adaptive reactions to underfunding and the resultant fragmentation of services. It is our responsibility to develop goals that can be understood and can be measured, so that everyone will understand what we are doing, as well as how well we are doing. We need to be able to define our role in the community as a stakeholder with specific services we can

offer. Public Child Welfare agencies need to be able to articulate what we do; why we do it; and how many resources are needed to accomplish these ends.

We can no longer continue to "do good"; to be evaluated by how the paperwork is done; to be assumed to be the protector of all children and show no progress for our "hard work." We currently are spread so thin and must often rely on removal as our only choice of intervention. This, in itself, has not been successful. We need to move beyond a description of processes to actual outcomes which will speak to what we expect to accomplish.

This is the charge that has brought us together for this important Roundtable on Outcome Measures. We will hear from presenters the results of their work in this "cutting edge" arena of outcomes for child welfare services. We are honored to be a co-sponsor of this event, along with the American Humane Association and the American Public Child Welfare Association.

A FRAMEWORK FOR OUTCOME MEASURES IN CHILD WELFARE SERVICES

prepared for

The Second Annual Roundtable on Outcome Measures
in Child Welfare Services

April 7-9, 1994

St. Anthony Hotel
San Antonio, Texas

Co-sponsored by:
American Humane Association
and
National Association of
Public Child Welfare Administrators
an Affiliate of the American Public Welfare Association

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The purpose of this background paper is to introduce the participants of the Second Annual Roundtable on Outcome Measures in Child Welfare Services to key concepts and core outcomes -- to establish a common language and conceptual framework to facilitate our learning and participation at the Roundtable.

The ideas and outcomes which are presented in this document grew out of our discussion at the first Roundtable and the involvement of a national planning committee made up of researchers and child welfare professionals.

Last fall, in preparation for the Second Annual Roundtable, the American Humane Association convened a day long meeting of members of NAPCWA's Outcome Measures Committee along with chairpersons of the ad hoc committees formed at the first Roundtable. Committee members sought to:

- define the goals for the Second Roundtable,
- discuss how to best plan the agenda to meet those expectations,
- agree on a common conceptual framework to describe outcomes, and
- define target outcome categories.

The committee agreed that a written paper would be helpful in bringing everyone to a common starting point of discussion at the Roundtable. This working document is not intended to be a definitive or conclusive statement, but rather, a vehicle through which to build consensus by reflecting areas of general agreement.

The background paper is adapted from topical papers prepared by members of the planning committee and reflects their exceptional talents and generous contribution of time. We wish to acknowledge the work of Dennis Orthner in preparing the narrative description of the conceptual framework. This provided a core document for extensive review, adaptation, and editing -- reflecting the dynamic and evolving ideas of the planning committee.

We are grateful for their ongoing support and commitment to building our knowledge and understanding of what it means to focus on outcomes in child welfare services.

I. TOWARD A FRAMEWORK FOR CHILD WELFARE OUTCOMES

A. Introduction

The need for research on child welfare-related issues has never been greater. Incidents of child abuse and neglect continue to mount as well as questions regarding the effectiveness of current intervention strategies. All too often, research on child welfare has focused on the program or agency itself and the nature of the intervention rather than the consequences for children and families -- process, not outcomes.

Attempts to develop outcome-based research on child welfare interventions have tended to focus on the safety of children. Clearly, that is a primary goal of child welfare services and it should remain the focus of most research. In a classical research paradigm, the effectiveness of an intervention would be gauged by its ability to reduce subsequent child mortality, morbidity or incidents of confirmed maltreatment. However, this research model tends to focus on the reactive aspects of child welfare services and typically fails to account for, or encourage, the development of secondary or primary prevention efforts that are desperately needed in most communities in order to reduce the number and severity of long-term child welfare cases.

This outcome evaluation strategy also tends to neglect many of the intervening variables that need to be incorporated in an intervention, especially those that involve the use of other support systems or that improve overall family functioning. Limiting or concentrating research on a narrow range of outcomes tends to focus interventions solely on those outcomes. Broadening the scope of outcomes encourages the development of a wider range of support services in child welfare interventions that can better address a range of needs of children and families.

The need to expand the scope of child welfare outcomes was particularly evident at the meeting of the First Annual Roundtable on Outcome Measures in Child Welfare Services, presented by the American Humane Association and the National Association of Public Child Welfare Administrators, an affiliate of the American Public Welfare Association. The Roundtable was convened March 11 - 13, 1993, in San Antonio, Texas and co-sponsored by the Texas Department of Protective and Regulatory Services. Participants included child welfare policy makers, program administrators and researchers. When the participants were asked, in small groups, to define the potential range of child welfare outcomes, the list was extensive. It included consequences for children, their parents, foster parents, agencies, communities, and funders. Also included were a broad range of outcomes not specifically tied to child safety. Many of these outcomes incorporated the developmental needs of children as well as the potential benefits for family continuity and healthy family functioning.

When the input from the groups was compared with the practice models in child welfare, however, it became clear that many of the outcomes proposed did not necessarily fit within a narrowly-defined set of interventions. Without a framework to incorporate the range of potential child welfare outcomes, there was a tendency to ignore the full potential for child welfare interventions. This lack of congruence between the range of potential outcomes and existing practice models required that we broaden the scope of our conceptual framework to more accurately reflect the alternative strategies for reform of the child welfare system.

The purpose of this paper is to propose a framework for child welfare outcomes that incorporates a broader range of target categories of outcomes that can be used to guide research and intervention efforts. This framework is not meant to diminish attention to the concerns for child safety, but to increase opportunities for child welfare interventions to focus

on other needs as well. Overall, it is proposed that broadening the scope of child welfare outcomes will promote a range of service interventions and greater interagency collaboration around child welfare issues and concerns.

B. Dimensions of Child Welfare Outcomes

There appear to be two major dimensions along which child welfare outcomes can be derived. The first dimension represents the **target categories** of outcomes -- conditions or behaviors that should occur as a result of child welfare interventions. The second dimension represents the **focus of change**.

The focus of change for the child welfare agency is primarily that of children and families. Child welfare agencies, however, are one part of a larger system of response; and positive outcomes of an effective **system** of services to protect children and support families are reflected at the community level. Thus we can consider and define desired outcome indicators for each focus of change -- the child, the family and the community.

Target Categories of Child Welfare Outcomes

Child welfare services are typically directed to improve the conditions of children and families in order to ensure that children are safe and families are able to provide an environment for their continued nurturance. In addition, there are a host of developmental outcomes for both the child and family that also need to be considered. Overall, there are four target categories of outcomes for child welfare. These include:

- child safety,
- child functioning,
- family functioning, and
- family continuity/family preservation.

Child Safety

The primary concern of the child welfare agency is child safety and the success of most child welfare intervention efforts is gauged by the ability of the family, child welfare agency, and community to protect the child from harm. Interventions and research have focused primarily on this factor, given society's interest in protecting its children and youth. This concern is long-standing and other efforts should not diminish the importance of outcomes related to protecting children from harm.

Child Functioning

Less attention has been given to the quality of life for the child, as well as, healthy and appropriate development. However, that concern is also one of significant interest. Healthy social, emotional, and cognitive development is essential to the welfare of children. Since research has demonstrated that children who have been abused and neglected are more likely to have difficulty with attachment later (including the increased risk of subsequent abuse and neglect of their own children), protecting children's safety without considering their other developmental needs is a somewhat narrow role for child welfare services.

Family Functioning

While healthy family functioning is valued by child welfare services, limited attention has been given to promoting family functioning as a way of reducing reported abuse or neglect. Indeed, services to support family functioning have been very limited and coordination with other responsible agencies or departments has not always been prioritized. Indeed, healthy family behaviors and attitudes are a major factor in successful prevention efforts, and building or rebuilding these healthy patterns is necessary in order to protect children from further abuse and neglect.

Family Continuity/Family Preservation

Preservation and continuity of the family is another major target of child welfare services. Intensive efforts to provide family preservation services and support services to promote the reunification of families have been given significant attention over the last decade. However, there is also the need to respect and foster family and kinship ties whenever possible, even when the child cannot remain safely in the home. The federal government, advocates, and child welfare professionals have increasingly recognized that the best place for children to grow up is in a family. They have also have advocated for significant resources to promote family preservation along with family continuity.

Focus of Intervention in Achieving Child Welfare Outcomes

Traditionally, the greatest attention in child welfare has been on outcomes for children and families. However, it is essential to recognize the vital support that communities provide to children and families. In defining outcomes, there is increasing recognition that child welfare outcomes are needed at the community level as well as at the child and family level.

Children

A focus on positive outcomes for children has been the hallmark of child welfare. Services are targeted to protect children from physical or emotional harm and offer children opportunities for healthy development. Because of their dependency, children require services that can anticipate their needs and protect them from others who may take advantage of their vulnerability. Producing positive outcomes for children is not the sole responsibility of the child welfare agency. Indeed, coordination with other agencies is often essential to insure that children are receiving an array of appropriate services.

Parents and Family

Another focus of child welfare outcomes lies within the family itself. Families who have the psychological, relational, and economic resources they need are less likely to abuse their children. Therefore, child welfare research and intervention should incorporate outcomes that measure the ability of the family to promote healthy development and safety. It is not feasible to expect agencies to respond to all of the needs of children or to operate *in loco parentis;* parents must be empowered to understand their own needs as well as the needs of their children to ensure a healthy environment for growth and development.

Community

The community-at-large also must be considered as a focus of potential child welfare outcomes. Clearly, the community is a major source of information regarding incidents of child abuse and neglect and compulsory reporting requirements affect community responsibility for children and families. Also, the community includes a variety of public and private services and resources that impact children and families.

The community also shapes (as well as reflects) the environment within which children and families live. Parental values and expectations are often set or influenced by the community in which they live. Nationally, we have witnessed growing recognition that efforts to improve outcomes for children and families must incorporate positive community involvement in child and family development.

C. A Framework for Child Welfare Outcomes

Based upon the previous discussion, it would appear that a typology of child welfare outcomes must incorporate the two dimensions -- target categories of outcomes and focus of change.

The following, **Figure 1: A Framework For Child Welfare Outcomes**, suggests that outcomes can be classified according to the four categories of conditions of the child or family and the focus of change, be it the child, family, or community.

Based upon a review of the literature, it would appear that the majority of child welfare outcomes examined thus far focus on the child and target child safety conditions. Clearly, these outcomes are essential and are key sources of accountability for the child welfare delivery system. Still, as the framework in Figure 1. suggests, there are twelve potential outcome domains that the child welfare system could take into account in developing its services and evaluating its effectiveness.

If the system of child welfare is to indeed incorporate within its scope the "welfare of children," it needs a broader examination of outcomes to which it can contribute.

FIGURE 1. A FRAMEWORK FOR CHILD WELFARE OUTCOMES

	Focus		
Target Outcomes	Child	Parent/ Family	Community
Child Safety			
Child Functioning			
Family Functioning			
Family Continuity/ Preservation			

II. TARGET CATEGORIES OF OUTCOMES IN CHILD WELFARE

A. Policy and Social Mandate to Achieve Outcomes

Federal Social Legislation

Several key pieces of federal legislation guide federal and state policy mandates in child welfare. Public Law 93-247, the Child Abuse Prevention and Treatment Act passed in 1974, provides funding to states to improve their child protective services systems and establishes greater uniformity and consistency between states regarding the reporting of suspected maltreatment. The Child Abuse Prevention and Treatment and Adoption Reform Act (P.L. 95-226) expanded the provisions of P.L. 93-247 and also addressed child pornography and adoption law reform.

The Indian Child Welfare Act, passed in 1978, returned jurisdiction of Native American children to the tribes and addressed placement priorities for Native American children. The passage of P.L 96-272, the Adoption Assistance and Child Welfare Act of 1980, required that states exert reasonable efforts "to prevent initial placements and to provide efforts toward reunification of children with their families once the children are placed. The intent of this Act is to preserve families and to provide for permanency and stability for children." (*Guidelines for a Model System of Protective Services for Abused and Neglected Children and Their Families*, 1988, Washington, D.C.: National Association of Public Child Welfare Administrators, pg. 17.)

With the recent passage of the Family Preservation and Support Services; Omnibus Budget Reconciliation Act of 1993, (P.L. 103-66) the language and intent of federal policy is now accompanied by federal financial participation in support of an array of family support and family preservation services.

Social Policy Mandate

The social mandate for services to children and families is reflected in the notion that our society is based upon strong and healthy nuclear families. Virtually all of our federal social legislation either assumes or is intended to promote intact families. Although there is not agreement on a definition for "family," there is a high degree of consensus on how important families are to children. Children do best growing up in families that can safely nurture them. Even children who cannot safely reside with their parents benefit from continuity of family -- their models and lessons have lifelong impacts. The preservation of family ties, roots, and culture are all important aspects of family continuity.

Although there is a fundamental social value supporting the rights of families and the responsibility of helping agencies to preserve and maintain families wherever possible, there is at the same time a growing, and sometimes conflicting, belief in the rights of children. There continues to be an ongoing struggle between these values and a lack of clarity on where the balance lies. Nevertheless, outcome measurements must primarily and consistently reflect the key social values of child safety and family preservation.

Also, when we consider the four target outcome categories of child safety, child functioning, family functioning, and family preservation/family continuity, our minimal expectations are most clearly defined by policy and social mandate for child safety and family preservation. Minimal and acceptable community standards are not as clearly defined in policy for expected outcomes in terms of child and family functioning.

B. Linkages to Other Community Agencies

Linkages between community agencies are an essential component in an effective system of response to abused and neglected children and their families. Child abuse and neglect problems, and the support and preservation of families, do not lend themselves to simple treatment approaches rendered unilaterally by a single actor, informed by one discipline. The multiple and complex problems of children and families require intervention and treatment that is generally beyond the scope and expertise of any single discipline. Maintaining linkages between community entities enhances the quality of services provided at the community level.

A significant component of child welfare casework services is directed to accessing basic and supportive services such as medical, health care, educational, financial resources, housing and mental health. This requires essential agency linkages between the child welfare system, community agencies, law enforcement, and judicial courts.

Indeed, when services from a child welfare agency end, the families are likely to have issues remaining that don't pose direct risk of harm to the child, but that need resolution through the provision of other services or resources in the community. A family's appropriate use of commonly available community services and resources also can be viewed as a positive outcome.

C. Illustrative Outcome Indicators

When defining goals and desired outcomes in child welfare, the safety and functioning of the child must be paramount and considered in conjunction with the continuity and functioning of the family. All outcomes must also consider the value of timely decisions regarding permanent homes for children. The outcome indicators within the target categories listed below are not intended to be exhaustive, but are meant to be illustrative and encourage discussion regarding additional outcome indicators.

Target Outcome Category 1. Child Safety

The goal for child safety is to protect children from harm, prevent further neglect or abuse, and reduce the risks to their safety or well-being. Examples of outcome indicators for the child, family, and community include:

Child

- Decrease in number of subsequent confirmed cases of abuse and neglect in cases open for child welfare services.
- Decrease in number of subsequent confirmed cases of abuse or neglect within a specified period of time following the provision of services.
- Decrease in number of confirmed cases of abuse or neglect of children in out-of-home placement.

Family

- Increase in use of appropriate discipline by parents with their children.
- Improve level of knowledge by parents regarding physical and developmental needs of children.
- Decrease unnecessary disruption of families during the investigations of reports of abuse and neglect.

Community

- Increase in the number of reports of suspected child maltreatment in compliance with the law.
- Increase in the availability and adequacy of an array of services for children and families who have been reported or confirmed for child maltreatment.
- Decrease in the rate of adolescents adjudicated for delinquency.
- Decrease in the rates of criminal arrests or criminal charges for child welfare cases.

Currently, it is the responsibility of the public child welfare agency to respond to reports of child maltreatment and intervene when necessary to protect children from harm as a result of abuse or neglect. However, there is growing recognition that the responsibility for protection of children from harm is not solely that of the child welfare agency, but must be shared by other community agencies and actors.

Target Outcome Category 2. Child Functioning

The underlying goals for child functioning recognize that children have essential needs for care that go beyond child safety. Society is responsible to ensure that the normal development and long-term emotional and physical health of children must be ensured by minimal standards of care. These standards relate to basic nutrition, clothing, shelter, health, education, and vocational needs along with standards addressing educational, emotional, and psychological development.

Examples of potential child welfare outcome indicators in this area include:

Child

- Improved school attendance and/or performance for children receiving child welfare services and within a specified period of time following the provision of services.
- Improved developmentally appropriate behavior and growth for children receiving child welfare services and within a specific period of time following the provision of services.

Family

- Improved ability of families to ensure that the educational, developmental, and emotional needs of their children are addressed.

- Improve the developmentally appropriate response by parents or families to their children.

Community

- Increase in the availability and affordability of child care options for children who were the subject of a report of maltreatment.

- Increase in the number of adolescents successfully involved in appropriate emancipation as demonstrated by involvement in educational or vocational activities in the community.

- Decrease in the number of adolescents adjudicated for delinquency.

Clearly, the developmental needs of children are influenced by abuse and neglect. These needs should be addressed immediately after child safety is addressed. Failure to consider the child's developmental needs can, and often does, result in significant problems later. Whether the developmental services are offered in the home, in foster care, or some other setting, adequate child functioning must be considered if child welfare services are to be successful.

Target Outcome Category 3. Family Functioning

The goals of improved family functioning are to provide services that will support and enhance parents' and families' capacity to safely care for and nurture their children. The implicit assumption is that improved functioning of the family will result in improved outcomes related to child safety and family preservation/family continuity and contribute to positive long-term outcomes.

Some of the potential child welfare outcome indicators in this area include:

Child

- Decrease in the level of child's fearfulness toward the parent.

- Improvement in the quality of interactions between child and parent.

Family

- Improvement in families' use of effective communication and non-abusive techniques to resolve family conflict.

- Improvement in families' sense of family cohesion.

- Improvement in parents' capacity to provide adequate care, nutrition, hygiene, and supervision to their children.

- Improvement in parents' capacity to identify and access services in the community to meet their needs and contribute to their sense of well-being.

Community

- Increase in the availability and adequacy of recreational services and community supports to encourage healthy family functioning.

It is not enough that child welfare agencies promote child safety; they must also support efforts to promote the healthy functioning of families. Keeping children in, or returning them to homes without better patterns of parental behavior increases the risk of subsequent abuse and neglect. Efforts need to be made to promote positive interactions between parents and children and between families and their social support systems. Again, these efforts often go beyond the scope of the child welfare agency, but careful collaboration across agencies can result in integrated programs and services that support healthy family functioning. To the extent possible, these services should also be the focus of primary and secondary prevention, targeting the range of families who may be at risk for problems in effective parenting.

Target Outcome Category 4. Family Continuity/Family Preservation

The value and importance of keeping children's ties with their families is reflected in this goal area. Family-centered services are intended to achieve safety for children by strengthening family and child functioning. When children must be removed from the home to ensure their safety, this goal area emphasizes the importance of maintaining family and kinship ties whenever possible.

Some of the potential child welfare outcome indicators in this area include:

Child

- Increase in the number of children placed safely and appropriately with family or kinship relations.

- Increase in the number of children placed in permanent homes within one year of initial out-of-home placement.

Family

- Increase in the number of families who maintain scheduled visits with children who are placed in out-of-home placements.

- Improvement in the quality of parent/child interaction and satisfaction with the relationship for those children reunified with their families.

Community

- Increase in the number of adoptive and foster care homes that reflect the cultural and ethnic makeup of the community.

The importance of promoting family continuity cannot be overstated. To the greatest extent possible, child welfare services should provide every opportunity for parents and children to remain united or to be reunited in as short a period as possible. In many cases, this also

means promoting the continuity of the parental relationship as well as other family relationships that are deemed appropriate for the rearing of children. Every effort must be made to promote continuity among families to provide a healthy environment for their children.

D. Responsibilities for Achieving Outcomes

This Background Paper and the framework illustrated in Figure 1. describes child welfare outcomes along two dimensions, target outcome categories and the focus of change. However, attaining these outcomes at the child, family and community level also implies responsibilities -- for the parent, child welfare agency, and community. These responsibilities can be viewed as the processes and activities directed towards achievement of outcomes -- the means to the end rather than the end itself.

Parents have a responsibility to learn appropriate discipline techniques and provide adequate care and supervision of their children. The child protection agency has a responsibility to investigate all legitimate reports of maltreatment made to the agency in a timely and thorough manner. The community also has a responsibility -- to undertake the necessary planning to establish an adequate array of services to ensure the safety of children.

While the Second Annual Roundtable will focus primarily on the definition of a conceptual framework to describe and define outcomes for children, families, and the community, we recognize that the roles and responsibilities of the family, child welfare agency, and the community must also be clearly defined and will be a focus of our agenda for future Roundtables.

III. CONCLUSION

The dilemma faced by participants at the end of the first Roundtable can be characterized by the assertion that the public child welfare system cannot be held responsible for achieving positive outcomes for children and families without the involvement of the larger community. "The child welfare system," it was stated, "inherits the failures of the larger community to commit to positive outcomes for children and families."

It became clear that while there is no doubt that achieving positive outcomes for children and families is a responsibility that extends beyond the child welfare system, there is value in defining the child and family outcomes relevant to child welfare, along with outcomes at the community level. The conclusion then, was for the Second Annual Roundtable to identify target categories of outcomes relevant to child welfare and develop a framework for these outcomes that addressed the interconnecting focus on children, families, and the community.

The framework that is outlined in **Figure 1** and the discussion in this paper illustrates the four target categories of outcomes (child safety, child functioning, family functioning and family continuity/family preservation) for each focus area of change (child, family, and community). It will be our task during the Roundtable to generate a list and prioritize outcomes within each of the target categories. It is hoped that this process will further our common understanding and clarify the role of the public child welfare agency in achieving positive outcomes for the children and families it serves.

We look forward to your thinking and contributions to this process at the Second Annual Roundtable.

PRESENTATIONS OF EXPERIENCE

COLORADO

I. Presentation by Ann Kelly Anderson, Child Welfare Analyst, State of Colorado

I'm Ann Kelly Anderson and I am going to give you a quick overview of our workgroup, the work we have done so far, and what we plan to accomplish in the future. First, let me give you a quick overview of the agenda. David Bernstein will be talking about our Outcomes. We have Three Desired Outcomes and he will present some examples of the minimum standards for each of the Three Desired Outcomes. Terri Bailey from the Piton Foundation will present the Colorado Conceptual Model. Kittie Arnold will discuss key community indicators and community collaboration. Lloyd Malone is going to discuss some of our implementation issues.

Background

First, I want to talk about how the workgroup was formed and how we got involved in Outcome Measures in Colorado. A couple of years ago the Colorado State Legislature actually required us to provide to them a report on outcomes for children and families. They specifically asked for information about length of stay, number of moves, and recidivism for children in Foster Care. These questions were quite sophisticated and specific for the Legislature. We provided some information from state level that was very important. It dispelled some of the myths and misinformation-information about the length of stay of children in Foster Care. We found out that many children, approximately 60%, were in short term placements, i.e. placements lasting less than 90 days and that the majority, 82%, of children in all foster care returned home after placement. It was very powerful information from the stand-point of providing actual data from our automated systems to establish fact over antidotal information that is often provided to the Legislature.

The second event that has happened in Colorado is that we are in threat of a lawsuit and we are right now in the negotiation process with the ACLU and the Colorado Lawyer's Committee. When we started the process with the ACLU, we believed that they would place great emphasis on outcomes measures and child-based outcomes. It turns out the majority of items in the lawsuit have more to do with process and counting activities than outcomes for children and families. They're not necessarily what we think of as outcome measures. But one of the things that fallen out from this process is now we are getting a lot more resources. I think we are adding somewhere around 300 new caseworkers in the counties. Now it is the State Legislature that is saying "Okay, we'll give you additional resources to comply with the negotiated settlement but we want to know what are we going to get for that. What are the outcomes for children? Do adding all those resources really make a difference?" So we got to outcome measures kind of through the back door in that process.

Another important piece is that we are going through is a restructuring of state agencies. The Department of Social Services is combining with the Department of Institutions which includes the Division of Youth Services and the Division of Mental Health. This involves significant changes in both state and local level organizations. New legislation requires local governments, local agencies, communities, and clients to get together and conduct local needs assessments, coordinate local planning efforts and pull resources to make it easier for families to access services and more effective. We are starting to talk about what the desired outcomes will be in bringing these services together, and what the

result of this coordinated approach is having on families and children. Are they better off than before? So that is a really important piece.

The last part is "PAC Redesign" as we call it in Colorado. This is referring to the Family Preservation Act and the new legislation. This legislation calls for outcomes for children and families.

Also I'd like to tell you who got involved in this workgroup initially and how we pulled together our group. The County Departments of Social Services really promoted getting this workgroup together. We provided state level information to the Legislature which was important, but counties needed information that was broken down to the local level and more meaningful to counties. The counties felt it was important to start using outcomes to manage and evaluate services. So the counties really drove the workgroup formation.

We also got the foundations involved. Nancy McDaniel from the American Humane Association is a regular working member of our committee. It has been extremely beneficial to have Nancy, especially with the tie-in to the national outcomes movement. She keeps us abreast of what is going on nationally. It is really helpful; she brings a broader perspective to our efforts. Terri Bailey from the Piton Foundation has also brought her research background regarding children and families. She is a wonderful thinker and communicator. One reason it is so critical to have foundations involved in this process, is that it neutralizes the boundary and political issues between the state and counties. It really has helped us set aside traditional state and county issues and move forward.

Accomplishments to Date

I am going to highlight some of our accomplishments so far. This includes products we have developed and tasks that we have completed so far. Many of these products we will be showing you later in our presentation such as the Model and the Three Desired Outcomes. We also developed a Glossary of Terms. That was a really critical piece for us because we had social workers and non-social workers, we had people from within the system and people outside of the system who didn't know the system jargon, we had researcher types and non-researchers, and we found that we were all using different terms. The glossary was really critical for us to find and use some common language. When we talked about inputs and what that meant, the glossary provided a critical break through in our early discussions, which were very conceptual. So that was really helpful.

Another activity that has been helpful is the presentations we have made to different audiences. I think that has really helped us refine our thinking. Each time we make another presentation, we learn something and improve our plans and ideas.

Quickly, I will highlight some of our future plans. We plan to pilot the Outcomes Model and outcome measures in several pilot sites. This will not include entire county operations, especially in the larger counties, but perhaps program or service areas within the counties or a service unit. We are developing pilot criteria and incentives for counties.

We are also developing a research and evaluation plan. We are working with the University of Colorado, the School of Economics to conduct a comprehensive data evaluation. We are going to place a strong emphasis on technical assistance for the pilot sites and include community building training. We have developed a community data base of around 150 variables. We're going to provide this information to communities and help

communities learn how to use that data to plan and find out what the gaps are on the surfaces. The other task that is really important is marketing. Yesterday, we were talking about the negative newspaper article regarding Child Welfare and we plan to work on a marketing plan with a public relations specialist from the Piton Foundation to better inform the public and highlight some of our efforts and successes. We also mentioned yesterday that outcomes-based education is underway in Colorado. The term "outcomes" raises questions and issues by the public. We are trying to find words and ways to present this information that doesn't get people on the wrong side of this issue. We're going to be working on the public relations and marketing piece and make a real conscience effort to work through some of those hot topics.

I am going to turn it over to David Bernstein who will talk about the three desired outcomes.

II. Presentation by David Bernstein, Denver County Department of Social Services

Three Desired Outcomes

My part of the presentation is going to be to talk about three desired outcomes which are up here and to talk a little about some issues connected with that. We developed these three desired outcomes which are in many ways similar, part of this is because of the linkage we had to the National group to help plan this workshop through Nancy McDaniel.

We developed three outcomes that are very similar to what was presented late yesterday by Nancy, but our model really doesn't separate child, family and community. We are looking at it more as an integrated approach throughout the whole process and frankly, I also think that is going to foster more community ownership of the problem than single agency ownership. We also in our model, detail what we are looking at for minimum outcomes. We really have taken a look at trying to concentrate on behavioral measurements.

If you look on the more complete schedule you will see things like family functioning scales. We believe that everything has got to be documentable and behavioral as much as possible. Referrals don't fit as much as successful connections which result in service delivery. I will talk about that in a couple of minutes.

There will need to be some synthesis of process and outcome measurement. That was clear yesterday from a couple of vantage points. But one of the things that we are going to need to do is very carefully address this issue. As a potential pilot county, I can tell you that Denver won't pilot this unless we can be exempted from some of the incredible number of process measurements we are involved with now. That is not to say that the process measurements weren't developed for good reasons as some of the discussion yesterday indicated, but we have got to understand that we are in a different era now and we are going to have to do things differently. I have said that three times. So we are going to need to deal with the fact that workers can't take more accountability without some things being taken off of them and that's going to have to be addressed.

We all know that staff are overwhelmed. Let me just go through these three outcomes:

1. The child is safe.
2. The child will be safe from maltreatment.
3. The safety will improve for children and the communities in which they serve.

Understand that this is the crystallization of the process that took many, many months to develop and this is really the focus of all of our outcomes at this point. The family being preserved was another, that family continuity is maintained while minimizing non-permanent placement and maintaining child safety. And finally that permanency will be achieved. That children will live in safe permanent homes respectful of the child's cultural and kinship identity. Now those are very nice terms. Doing it is going to really require a tremendous amount of activity and collateral cooperation. You have the handout that goes through the details of the three outcomes that Ann was talking about. I wanted to go through and highlight a couple of these. Within the child is safe I have picked a couple.

Decreasing the percentages of cases with substantiated abuse and neglect within 12 months after case closure. That means developing a tracking system for families that doesn't stop the minute they leave our doors. Increase the percentage of cases referred to community agencies. Increase the percentage of cases that actually receive services from other agencies and reduce the percentage of the cases re-reported to social services for substantiated abuse or neglect.

I'd like to talk about this one for just a second. The responsibility for succeeding with the outcome has to a lot with the reliance on community involvement. You can just make a referral and forget about it. What you are going to need to do is to address the barriers that stop when someone is referred, maybe by the child welfare worker to the mental health agency. What are the barriers to that person receiving those services? Is it distance? Is it the fact that the staff in a given agency are culturally incompetent? All of those issues are going to have to be addressed.

A good example of positive change is to put the services in the schools or to put the services in a public health station where, at least, we have found in Denver, people are less inhibited; they are less frightened of those agencies, particularly if you have got a good family resource school that has put a lot of energy into developing relationships with their constituencies. Secondly, we are looking at families being preserved meaning increasing the percentage of children who remain safely in their own homes at six months or twelve months after closure. This involves data we in Colorado do not have because ours ends when the case is closed.

Increase the percentage of cases in which the child is returned home within 30 days after initial removal, and increase the percentage of placements made in the home community of the child. More again, this cannot be done in isolation. This is going to require a tremendous amount of work to get agencies to be more compatible with whom we serve. In Denver, we sit miles away from most of our communities in a centralized building and have very little connection with the neighborhoods we serve. We are trying to address that by putting more initiatives and staff out in the communities. Finally, Family Permanency being achieved. What that means is basically that we are going to increase the percentage of children we place with families or friends. We have more relative evaluators in my agency than we have ever had before. Our goal is to decrease the amount of time between the beginning of the first placement and placement in a permanent home and to increase the percentage of permanent placements that are maintained twelve months after initial placement. Here again, community support will be crucial. Churches are an excellent respite source for a lot of families, particularly families in minority communities. We are going to do a lot of things with other agencies in order to achieve these outcomes.

III. Presentation by Terri Bailey, Piton Foundation

Introduction

Before I present Colorado's model to you, I would like to make a few introductory comments. I work for The Piton Foundation, a private, non-profit operating foundation located in Denver which focuses on issues of poverty. We work at a number of levels including state and federal policy reform and as such, have had the opportunity to work on a number of reform initiatives ranging from education reform and health care reform to welfare reform. I must say that when I was asked to participate in the Colorado Child Welfare Outcomes project, I approached the project with a degree of cynicism. What had distinguished the reform efforts that I had previously participated in was that key players did not necessarily recognize the need for change and many, in fact, were dragged kicking and screaming to the table. Reform initiatives then became lengthy arduous negotiations in which everyone worked hardest to protect their turf and to maintain as much of the status quo as possible.

My experience with the Child Welfare Outcomes Project in Colorado has been quite the opposite. Everyone at the table comes willingly. All are deeply committed to change and improvements in the child welfare system. And all view the child and family as their first priority, not protecting turf. It has meant that as risks were encountered by participants that would normally have stalled the process, we were always able to move on by asking what would be best for the children and families child welfare systems are intended to serve. There has been no issue this group has not been willing to face squarely. It has been an honor to work with this group and to experience 'reform' as it perhaps was always intended to be -- creative, energetic and focused on the consumers of services, not the providers.

Developing our model in Colorado was a difficult task that stretched all of our learning and knowledge. One of the first things we had to do as a group was to identify all of the things we did not know which was ALOT. To help us move forward, we brought in Madeleine Kimmich of the Human Services Research Institute of Maryland. Madeleine had spent a great deal of time thinking through the same questions we were now struggling with and was able to help us identify and label pieces of the puzzle and to provide a sense of structure that allowed us to move forward in developing the Colorado model.

The Colorado Model

In this part of the presentation, we will be walking through the outcomes model developed for Colorado (exhibit 1). As Ann discussed, the outcome measures we developed all fall within three priority areas. We selected one of those -- the child will be safe -- for today's example. In designing our model, we specifically intended to arrive at a model that could be used to develop an individual case plan for a specific child or family. We also intended that the same model could be used to guide agency planning and program development on a larger scale. And we specifically intended that this same model be used for whole communities to come together around the issue of protecting children from maltreatment. As John Mattingly from the Annie Casey Foundation said yesterday, outcome measures need to operate within four simultaneous contexts: public policy, program

management, operational, and program evaluation. While we hadn't been able to describe it quite that clearly, those are exactly the contexts in which Colorado's model has been designed to reside.

As we began our deliberations, not surprisingly, we started with outcomes. But progress was slow because there were so many exceptions. How could different communities be held accountable to the same outcome expectation if the services they provide or the manner in which they provide them differ drastically? How can we account for the differences between communities in terms of resources and need? How do we protect against the risk of having our measured outcomes show up as front page bad news in the local newspaper? To provide opportunities to answer these and other questions, our model is broken into four distinct areas.

A. Input Indicators

The first area in the Colorado model is 'inputs'. In our glossary of terms, inputs are defined as, 'the capacity to provide effective services'. Input indicators are critical for understanding what are achievable outcomes for whom and under what circumstances. Inputs include internal factors such as descriptive information about the child and the agency but also includes external factors such as the availability of community resources. What you'll see here is an attempt to strike a balance between those internal and external factors all of which impact the capacity of an agency to achieve desired outcomes.

The first area of inputs is child and family. Examples of inputs might include a description of the level of abuse or the quality of the parent/child relationship. Is the family living in severe poverty which might limit their ability to engage in certain activities? What are the family's demographic characteristics? What is a family's distance from other service providers? All of these can be gathered at an individual level to help guide the development of an individual case plan but can also be gathered at an aggregate level to help guide agency program development and management by understanding the characteristics of persons needing services. Frankly, these are questions caseworkers routinely ask as they work with individual families but agencies rarely ask these questions as they engage in program development and evaluation.

The second area of inputs is agency characteristics. What resources does the agency have available for child welfare services? What is the caseworker/supervisor ratio? But, in addition, does the agency's general philosophy support an outcomes approach to child welfare services? Will the county commissioners be supportive?

The third area of inputs is community characteristics. If you are attempting to provide services in communities with high unemployment, high poverty and not surprisingly, high abuse and neglect rates, you might find your capacity to provide effective services very different from the capacity evident in communities with few of these problems. The services you provide and the outcomes you anticipate as a consequence would also be very different. Examples of community inputs include the socio-economic characteristics of a given community but also describe a community's resources. Does the community have a history of collaboration? Someone mentioned yesterday that the task we are engaged in is not one we can do alone. Understanding this and recognizing that protecting children is not the sole job of the child welfare agency but rather one that belongs to the entire community is a hallmark of the Colorado model.

B. Process Indicators

Process measures are the 'description and measurement of how the service or intervention is implemented and delivered rather than what changes following the intervention'. In Colorado as in many other states, process measures are what the child welfare system is currently held accountable to. This emphasis is reinforced by events such as the lawsuit which imposes additional process; more paperwork, filling in more boxes, adding additional checkpoints. Many hope that a reliance on outcomes will replace the current process focus. However, in Colorado, we view outcome measures not as replacing process but rather as moving beyond process. Process measures are still needed but what is needed as well is the knowledge of the results of process; what happens as a consequence of the services and interventions delivered. In this regard, process measures are critical to the model because they allow us to test, validate and change our services and interventions to make the most of our inputs. If we do not know how process relates to achieving good outcomes, we ultimately will not do a good job of selecting the process measures that tell us the most. We are doomed to settle for greater and greater numbers of outcome measures if we never identify the relationship between process and change.

As evident in the discussion about inputs, there are two levels of process relied upon in this model: agency services and community services. Examples of agency process measures will probably include the completion of an assessment and what that assessment should include, ensuring that reports are responded to in a timely fashion, the development of a treatment plan. Examples of community process measures might include the development of collaborative agreements between public and private agencies for the provision of key services such as substance abuse treatment or mental health, or using a team interagency approach to staffing new cases. All of these would tell us how an agency or community plans to go about delivering services and appropriate interventions.

C. Output Indicators

The Colorado glossary defines outputs as, 'the products or services delivered by an agency or its staff'. This is frequently defined in terms of units of service. These differ from process in that process tells us how and outputs tell us what. These are typically the things you expect to see once services are begun: has the treatment plan been initiated, is the family in compliance with the plan, has the court accepted the plan? This is where Colorado's child welfare system currently stops. Have we done what we set out to do? However, in an outcomes model, it is not enough to know whether we did what we said we would do. We need to also know whether in so doing, we made a difference in the lives of the children and families under our care.

D. Outcome Indicators

Outcomes are the results or desired effects towards which programs, services or interventions are directed. Outcome indicators are the events or benchmarks that suggest progress towards attainment of a desired outcome. It is not what we do or even how we do it but rather why we do it that should guide all work: the belief that children should be kept free of abuse and neglect. In this model, examples of outcome measures might include

improvement in family functioning, decreases in the frequency or severity of abuse or neglect, or preferably the elimination of further incidents of abuse or neglect. These are measures that tell us whether we have lived up to our mission but also whether given the inputs we have to work with and the services we provide, were we effective in improving child and family outcomes.

One final note about the Colorado model. You'll note that the model is not as linear as it appears at first glimpse. There are not only a series of arrows connecting inputs to process to outputs to outcomes but arrows linking outcomes back to inputs as well. We believe strongly that having achieved or not achieved the anticipated outcomes is not the end of the child welfare outcomes model, but rather the beginning. We do not yet know given our agency, child and community characteristics, what process or combinations of processes work best to achieve the desired outcomes. It is only after we've done our best and are willing to take an honest look at what we have achieved that we will be able to better describe the combination of characteristics and events needed to achieve certain results. Even then, however, the world in which child welfare services operates is not static but rather constantly changing. Just when we think we understand the needs of children and families and the capacity of our respective communities to meet those needs, something happens and we need to go back to the drawing board. We have a change in elected officials in our community and all of a sudden we have more or less resources or a different political reality to deal with. A major employer closes down and the resultant unemployment and family stress accounts for an unanticipated increase in abused or neglected children.

The model we developed will be tested to determine its' ability to respond to just such changes. We developed the Colorado Child Welfare Outcomes model to respond to a very specific need -- the need for a planning and evaluation tool to routinely and systematically inform and influence the process of delivery of child welfare services. Just as the achievement of outcomes is only a beginning, this model represents a starting place for Colorado's efforts to better respond to the needs of abused and neglected children.

County/State Outcomes-Based Child Welfare Management Project

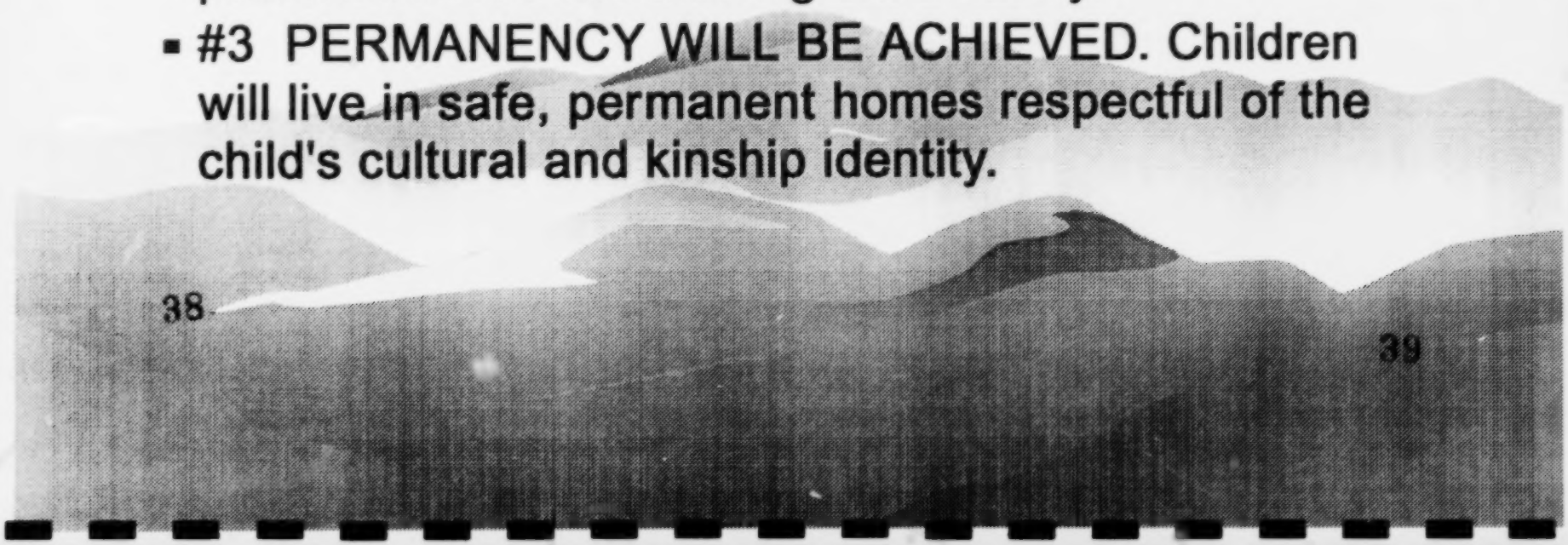
Major Milestones

Phase I. Conceptual Model Design

- Formed work group comprised of state/counties/foundations
- Received training from national expert (September 1993)
- Developed Vision Documents
  - Statement of Purpose
  - Mission
  - Guiding Principles
  - Glossary of Terms-common language
- Developed conceptual model- inputs, process, outputs, outcomes
- Three Desired Outcomes
- Completed minimum standards for each desired outcome using our model
- Community Level Indicators
- Data Evaluation Plan with University of Colorado
- Plan to Develop Child and Family Assessment Instrument with Denver University
- Client Pathways
- Pilot Criteria, Selection and Design Developed
  - Presented model to different audiences

Three Desired Outcomes:

- #1 CHILD IS SAFE. Children will be safe from maltreatment. Safety will improve for children and the communities in which they live.
- #2 FAMILY IS PRESERVED. Family continuity is maintained while minimizing non-permanent placement and maintaining child safety.
- #3 PERMANENCY WILL BE ACHIEVED. Children will live in safe, permanent homes respectful of the child's cultural and kinship identity.



Desired Outcome #1: CHILD IS SAFE

Child will be safe from maltreatment./ Safety will improve for children and the communities in which they live.

1.1 Child not re-abused / Other Children In The Home Are Not Abused

- Decrease substantiated abuse and neglect in families open to Child Welfare Services.
- Decrease the percentage of cases with substantiated abuse and neglect within 12 months after case closure.
- Decrease substantiated abuse and neglect in out-of-home placement.
- Decrease in severity of any incidents of subsequent abuse and neglect within 12 months of initial substantiated abuse.

1.2. Safety of children and communities will improve.

- Increase the percentage of unsubstantiated/unfounded cases that are not subsequently re-reported within 12 months.
- Improve child and family functioning. {Instrument being developed}.
- Increase percentage of unsubstantiated/unfounded reports referred for services to community agencies. Of these referrals, increase the percentage of cases who actually receive services from other agencies. Of those that receive services from other agencies, reduce the percentage of cases re-reported to social services and subsequently substantiated.
- Decrease rates for criminal arrests or criminal charges for child welfare cases. Decrease in criminal activity of youth services cases.
- Reduce adjudicated delinquency rates for children receiving child welfare services.
- (For children in child welfare services) Increase the number of adjudicated delinquents that complete probation successfully. / Reduce rate of revocation of parole or probation.
- Reduce risks/community stressors for abuse in areas of economic stress, family formation and structure, violence, and the absence of coping skills and resiliency factors.

Desired Outcome #2: FAMILY IS PRESERVED.

Family continuity is maintained while minimizing non-permanent placement and maintaining child safety.

2.1 Child remains in own home.

- Increase the percentage of children who remain safely in their home within six months and twelve months of case closure.
- Increase durability of intervention so issues of safety do not return to out-of-home placement within six months and twelve months.

2.2 Quickly and safely return children to their families.

- Increase the percentage of open cases where the child is returned home within 30 days after initial removal.
- Improve child and family functioning. {Instrument being developed}.
- Decrease the average number of days a child spends in non-permanent, out-of-home placement.

2.3 Strengthen a child's connection to family and community.

- Increase the frequency of contact between children in out-of-home placement and their families.
- Increase the percentage of placements made in the home community when placement is appropriate.
- Increase school attendance while child is in placement. (Decrease truancy of adolescents in out-of-home placement)

Desired Outcome #3: PERMANENCY WILL BE ACHIEVED.

Children will live in safe, permanent homes respectful of the child's cultural and kinship identity.

3.1 The number of placements/moves are minimized.

- Decrease the number of times a child is removed from their home.
- Decrease the number of unplanned moves while the child is in an out of the home setting.
- Increase the percentage of adoptive placements without disruption prior to finalization.
- Increase the percentage of permanent placements that are maintained 12 months after the placement.

3.2. Placements are in safe and least restrictive setting.

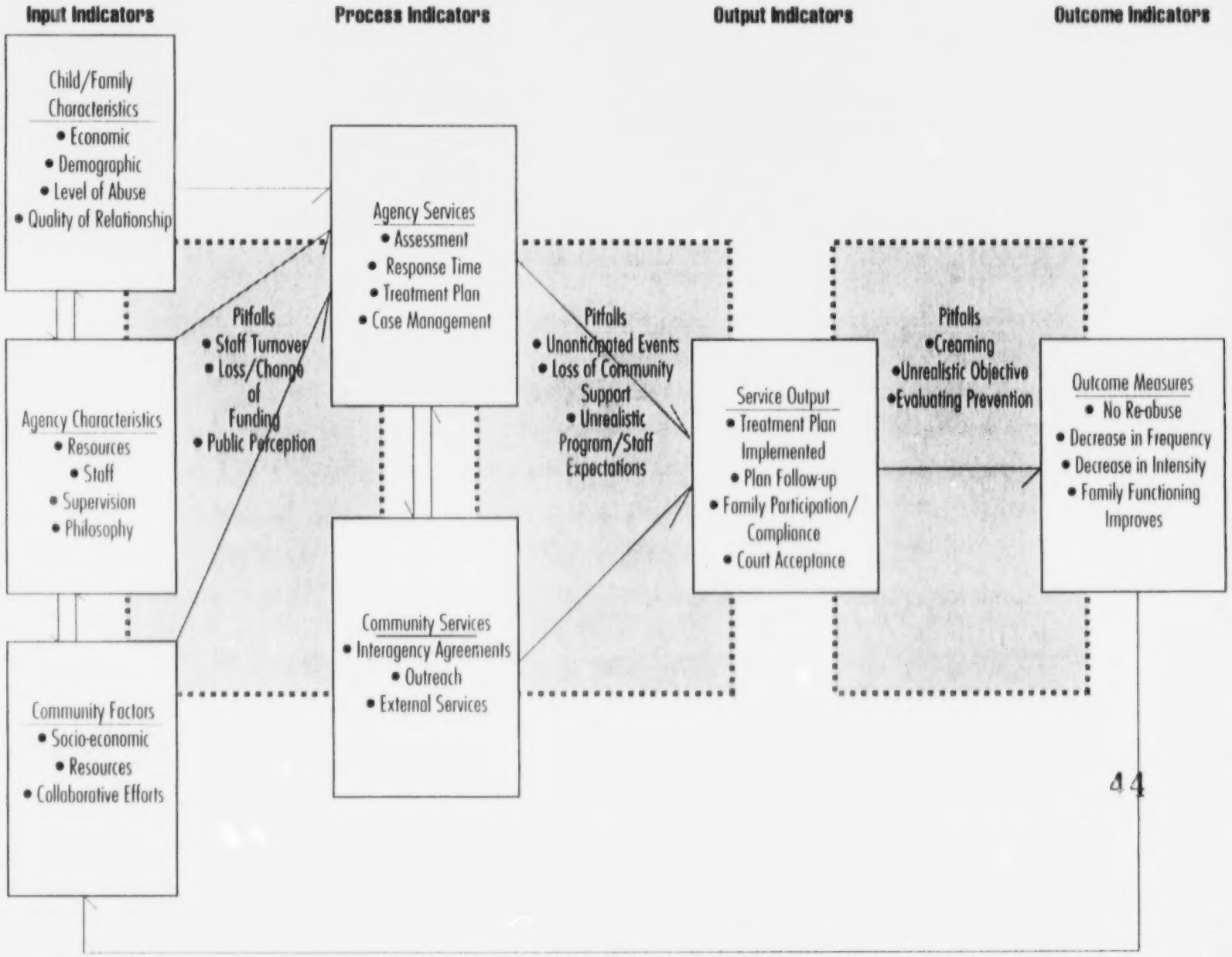
- Increase the percentage of out-of-home placements that are of same race and ethnicity.
- Improve family functioning /improve child well-being/reduce risks. {Instrument being developed}
- Increase the percentage of children appropriately placed with family or kinship ties.

3.3 Quickly achieve permanent homes for children.

- Decrease the time between the beginning of the first non-permanent placement and placement in a permanent home.
- Increase the percentage of adoptive placements that are finalized within twelve months of adoptive placement.
- Increase the percentage of children who have permanency achieved within 18 months.

3.4 Equip children with "independent living" status with the necessary skills to live independently.

Evaluation of Performance



IV. Kittie Arnold - Arapahoe County Department of Social Services

In going through the indicators, Terri referred to John's speech around the public policy piece and I think that we have been willing, as a system, to own some things that we really don't own as far as responsibility for things we have no control over. The quote by James Garbarino about violence in the community and about our community and about child abuse we thought was very appropriate.

Terri said to look at what kinds of things we have learned from the research we've done in our area that directly impacts child abuse and neglect. Indicators of economic stress, indicators of family structure stress, indicators of coping factors and indicators of violent stress -- we've found that these were very much interwoven within our system and with the families we work with. The other thing that we discovered was how this played out in different communities and how you target resources or intervention in communities. It became very significant. Terri developed some maps of the state. These are our counties and this is the child abuse and neglect rates for 1992. And as you can see, there are the areas with the green which are between 150% of the Colorado average. The red areas are more than 150% of the Colorado average. And you can see those stand out fairly clearly in this map. In order to look at how those sort of coincide with each other, we also developed a map on poverty rates. As you can see some of the overlap has now occurred. This is free school lunch participation rates in 1992 which are indicators of poverty. The areas that are cross hatched are more then 150% of the Colorado average and then the ones this area is between 150% of the Colorado average. Again, this picks up some of the counties that were high in abuse as well as high in poverty. It also plays out that you will see those with increases in poverty or high poverty levels but don't have high incidents of abuse.

I think that that was a very interesting statistic or thing to note in that the counties that were fairly poor and did not have high rates of abuse and neglect were, and you can see some of those, the indicator is really an increase in poverty and the counties that have experienced strong increase in poverty and unemployment were counties that tend to be higher in abuse and neglect than some of the very very poor counties in our state.

One of the other community indicators we looked at was the teen birthrate. Now again you have this in and what you can see up here is Denver's area, a very small area but it really stands out as far as alot of community indicators. This is teen birth 1992, again the cross match is more than 150% of the Colorado average and the other is more between 150% of the Colorado average. Again, we see some very specific counties that show up with the teen pregnancies.

These are things that have not been explored as far as I am aware of within the state as far as any statewide planning on how you might devote resources or what kind of program might be specifically targeted for these areas, but we do know there is a correlation between that and the chid abuse rate. Some of the as I said don't show up as strongly but I think it is a very interesting betrayal that really speak to the public policy pieces as well as program development. All four of those areas in looking at some kind of policy decision that would really effect the services that are delivered.

V. Presentation by Lloyd Malone, El Paso County Social Services

I am going to switch gears here a little bit and talk about some implementation issues. The purpose of our conference is to present and discuss conceptual models and frameworks. However, I want to use a little of our time today to talk about some of the effects of implementing this model in a community.

We are a part of an inter-agency collaborative effort in Colorado Springs to put a multi-agency program together that's based partially on demonstrating what an outcome model can do. What happens when you work with a group of agencies and introduce a model like the one you heard about today, and what happens to the mission of child welfare when you do that? Our experiences are instructive.

First of all let's mention the agencies we are talking about: social services, mental health, public health, employment and training, and a local school district. The outcomes we started out with were safety, permanency, reunification, and child functioning, all a reflection of what we do basically in child welfare. When we got done with the planning process several months later, we agreed on these and several others as the "goal areas" or the outcomes that we are going to work toward as a community. So as a result of collaboration, we had an expanded mission and a more exhaustive number of outcomes to pursue. Certainly it has affected how we are going to deliver services in our public social services agency. So now we also have physical health, emotional health, a child who is able to select appropriate behaviors, family functioning and achievement around school performance and vocation in addition to the original outcomes. We have indicators for each of these as well as specific standards for our program. So, the model is affected by who is around the table and by the negotiation of the kinds of desired outcomes the community as a whole will support.

I want to give you another example of one of the opportunity costs of doing outcomes. In the last year, since May of 1993 up until February, I have compiled the amount of time it has taken to develop this project including the development of our framework. We took this Colorado model that you heard about today and adapted it to what was workable in Colorado Springs. So it was community brainstorming, strategic planning, etc. Finally I think in the end of October of this year, we finally had our framework, a model that we could implement. But that had taken 800 hours of community time, seven other colleagues of mine and myself meeting about once every other week, anywhere from 4-6 hours a week to develop the model. That was one of the costs of outcomes implementation, and now we are talking about developing the children's plans which is a very difficult process in itself. We have been testing the children, establishing baselines for them, compiling and entering new data, doing community development in the agencies we will work with, and developing training packets for the people who are actually going to work the model. Developing a local model has cost 1,030 hours for all the people involved. After four months of serving clients at this point, we've put in 1,830 hours developing the model and changing the Colorado model to fit our community.

Moving to implications around these issues, we thought it was important to pose some questions to you. They remain questions because I don't think there are any standardized answers. We don't have answers that will fit very neatly for every community or every state or even possibly in every neighborhood. These questions, I believe, are important for anyone looking at outcomes. The first one is around the control of input variables and the

ownership of outcomes.

- What does this mean for child welfare services to be subject to roles we don't have now and to outcomes we don't control? Obviously this question can be answered differently in every community.

- How does the mission of child welfare change when we engage in community collaboratives?

- How does the definition of outcomes change as a function of the population served or visa versa? This was a significant issue in our community: depending on who was around the table, the question became, "Well, who are we going to serve?" Then following that, people would ask "What are you trying to accomplish with your program? What are the outcomes you're looking for?" People would then say, "Well, depending on what kinds of outcomes you choose, or I'll need to choose a different population to bring to the program."

So there was a real developmental aspect to the process for our community, but finally we decided that choosing the population, the actual clients to be served, had to come first. Very clear criteria for client selection drove everything else more clearly in our community than any other variable.

Another thing is the opportunity costs issue. That is, when you implement this model, what do you pay out in terms of time, resources, and of course the avoidance other possible options you could have chosen if you did something differently? For example, now that we've got everything figured out in our program, the case managers who are working in this program continue to spend 4-6 hours a week just working on outcomes-related activities.

I am going to move to implementation issues in context of standardization versus flexibility. There are variable effects on the development of programs and struggling with how you evaluate them as well as implement them. But I think it is very important for you to struggle with that issue. In our state we are wrestling with it not only from what is going to be done differently in one community versus the next, but also if we are going to do it differently what is the kind of research design we need in place to evaluate the different models? Not only did they work, but also what are the implications for replication?

I think we have a few minutes for a few questions.

Presentation Outline
Lloyd Malone, El Paso County Department of Social Services
Colorado State/County Outcome Workgroup
Second Annual Roundtable on Outcome Measures

I. Discussion of implementation in the context of the Child Welfare mission.

A. Control of inputs/ownership of outcomes.
- What does it mean to child welfare services delivery and program evaluation when we select outcomes which we don't control?
- How does the mission of child welfare change when we engage the community in developing community outcomes?

B. Definition of outcomes as a function of the population served.
- What effect does changing the "population to be served" have on the definition of outcomes/measures?
- When criteria for population served is broadened to the community, how are the outcomes selected broadened?

C. "Opportunity Costs" in implementing outcomes.
- What are the costs of implementing outcomes in terms of time, resources, and the avoidance of other options?

II. Implementation in the context of standardization versus flexibility.

A. Effects on the development of programs.
- Do communities have a responsibility to respond to standardized outcome goals or do those setting standards need to allow unique definitions and standards as a function of community variables?

B. Effects on program evaluation.
- Is it possible to evaluate the effectiveness of the framework when programs are unique?
- Do uniquely successful community programs need to be tested against a larger set of standards?

C. Criteria for implementation.
- Do we know what the <u>necessary and sufficient</u> standards are to evaluate and critique a selected model?
- Do we know what <u>critical elements</u> must be present in a community that will enable a model to succeed or, absent, fail?

Opportunity Costs:
Implementing Outcomes

I. Development of the framework

- Community brainstorming
- Strategic planning
- Preparing for/recording proceedings
- Developing the model
- Defining the terms
- Choosing the baselines/data base
- Operationalizing the definitions
- Developing the contracts
- Developing criteria for joint selection of population
- "Marketing" the model among partners

Time: 800 hours

II. Implementation of the model

- Testing the children (baselines)
- Compiling/Entering baseline data
- Community development
- Development of training package
- Case planning and services delivery
- Documentation of individual client outcome plans
- Ongoing management of outcome data base:
  4-6 hours per week per worker

Time: 1030 hours

May 1993 - February 1994

TOTAL TIME: 1830 hours

El Paso County, Colorado
Department of Social Services

PROJECT REDIRECT
Client Outcomes

Goal Areas

Safety/Permanency	Youth lives in a safe, permanent home
Physical Health	Youth is a physically healthy individual
Emotional	Youth is an emotional healthy individual
Social/Behavior	Able to select behaviors that meet individual needs while conforming to commonly accepted societal norms.
Family	Positive connections with family are established and/or maintained whenever possible.
Achievement	School performance will be at expectancy level.
Vocational	Youth is employable or possesses age-appropriate pre-vocational skills.

Presentation Outline
Lloyd Malone
El Paso County Department of Social Services

PROJECT REDIRECT
CLIENT OUTCOMES

Goal Areas (Domains)

PRIORITY #	Safety/ Permanency #1	Physical Health #2	Emotional #3	Social/Behavior #4	Family #5	Achievement #6	Vocational #7
Long-Term Goal (Optimal Outcomes)	Youth lives in a safe, permanent home.	Youth is a physically healthy individual.	Youth is an emotionally healthy individual.	Able to select behaviors that meet individual needs while conforming to commonly accepted societal norms.	Positive connections with family are established and/or maintained whenever possible.	School performance will be at expectancy level.	Youth is employable or possesses age-appropriate pre-vocational skills.
Measures	a. Average cost of service decreases on individual basis. b. No substantiated reports of abuse. c. Decrease in required level of care. d. Decrease in length of stay in placement. e. Decrease number of days in placement. f. Permanency plan is in place.	a. Attends required contacts with health care professionals. 1) medical 2) dental b. Satisfactory personal hygiene. c. Complete physical education classes.	a. Demonstrates improvement on assessment	a. Decreased police contacts. b. Decrease runaways from placement. c. Decreased disciplinary referrals from school. d. Improve school attendance. e. Cessation of substance abuse. f. Increase number of positive activities in school/ community.	a. There is meaningful family participation in treatment (as determined by treating professional). b. Achieve progress towards family/child reunification.	a. GPA improved by .5 b. Accomplishment of 75% of short-term objectives on IEP (Special Ed students).	a. Improvement on pre-vocational or vocational assessment.

PRESENTATIONS OF EXPERIENCE

TEXAS

Second Annual Roundtable on Outcome Measures in Child Welfare Services

April 7-9, 1994
St. Anthony Hotel, San Antonio, Texas

Operationalizing an Outcome Management Process Holistically
Or,
How To Add O.O.M.P.H. to Your Organization

Presented by: David A. Sheets, LMSW-AP
Director of Planning and Special Projects

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Manager, Program Assessment and Research

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Operationalizing an Outcome Management Process Holistically
Or
How To Add O.O.M.P.H. to Your Organization

Go Fish.

If you give someone a fish you feed her for a day.
If you teach someone to fish, you feed her for a lifetime.

As in many other fields of knowledge and practice, the most productive way to deal with outcomes in Child Protective Services (CPS) and Child Welfare Services (CWS) is not so much to supply the right answers as it is to ask the right questions. The quest to construct a framework which could lead to a menu of outcomes for CPS, one of the aims of this Roundtable, is rooted in the question, "What are the right/best/true outcomes for CPS?" Such a "laundry list" would be useful insofar as it could provide examples of outcomes, but two other questions should first be asked: "What is the process by which an agency can become focused on outcomes?" and "How does an agency construct the outcomes which will best enable it to fulfill its stated mission?"

We expend much effort on trying to give fish to agencies (specifying outcomes) instead of trying to teach agencies to fish for themselves (defining the processes by which agencies can restructure themselves to become outcome-focused). The objective of this presentation is to make a beginning sketch of such a process and to illustrate that process with examples from the Texas experience in moving toward an outcome-focused CPS system.

The title of this paper contains four words or phrases which provide keys to understanding the process of outcome management:

Operationalizing: This means *doing* something, making a start even if the current state of knowledge and research is imperfect.

Outcome Management: This means actively (re)deploying agency resources to achieve outcomes.

Process: Sometimes we talk as if outcomes were themselves the outcome. It is more productive to think of outcomes as part of a process which calls for a conceptual re-orientation of our current approach to service delivery and agency focus.

Holistically: To incorporate outcomes into an agency's process requires a holistic (comprehensive) approach to agency re-engineering.

There are three steps for an agency to take on its journey towards an outcome management process:

1. Creating an agency identity;

2. Specifying outcomes and measures;
3. Re-structuring the agency to support outcome-focused practice.

Get a Name.

There is a Sufi teaching story, based on the Middle Eastern comic folk character of Mulla Nasrudin, which illustrates the importance of identity:

> One day the Mulla was walking the streets of the city and forgot who he was. Frightened, he stepped into the nearest shop. Closing the door, he approached the shopkeeper. "Now, did you see me come into your shop?" asked the Mulla. "Yes," replied the shopkeeper. Stepping closer, the Mulla asked, "Have you ever seen me before?" The now-puzzled shopkeeper said, "Why, no." The Mulla, throwing up his hands and now practically in the shopkeeper's face, cried, "Then how do you know it is me?" (Adapted from Shah, Idries, *The Pleasantries of the Incredible Mulla Nasrudin*, E.P. Dutton & Co., New York, 1971)

How well does this story illustrate the plight of many CPS agencies? Unless an agency clearly defines its identity it is at the mercy of how others choose to define it (legislature, other agencies, media, boards, etc). Creating an agency identity is an essential prerequisite for developing an outcome management process, because it provides the foundation upon which relevant outcomes can be constructed and stabilized. Without this step, an agency, reacting to internal and external storms, has little chance for steering a considered and steady course towards any goal.

Creating an agency identity includes defining a mission and goals, determining the agency's place in the spectrum of community services, deciding on target populations, and developing a strategic plan. It is a process which an agency must consciously and deliberatively undertake, being careful to involve key staff and all levels of staff in the agency's internal and external communities. Besides enabling the agency to better determine and steer its own course, creating an agency identity empowers and equips concerned advocacy groups to advocate for the agency's mission and goals.

Usually CPS agencies 'see-saw' between seeing themselves as focused on assuring child safety (Child Protective Services) and seeing themselves as focused on maximizing child well-being (Child Welfare Services). When we implemented risk assessment in Texas in 1992 and revised policy to incorporate risk concepts, we clearly chose child protective services as the primary contribution of CPS to the overall array of community services. What follows is an excerpt from our position paper on the role of CPS services in the community:

> As a tertiary service, child protective services exists to serve those families in which a risk of child abuse/neglect has been identified and either *a)* the family is unable or unwilling to make the environment safe for the child through utilization of community resources, or *b)* the resources needed to help the family are not available or accessible in the community. Child protective services does not attempt to meet all the needs of families and children but focuses on helping families resolve those problems causing the risk of abuse/neglect. The goals of the child protective services program are:

- To provide for the immediate safety of children at risk through controlling the risk conditions within the family or, when that is not possible, through placing the children in temporary substitute care.

- To provide for the ongoing safety of children who are at risk by strengthening families so that the problems causing the risk are reduced or eliminated or, when that is not possible, through placing the children in permanent homes which assure that their best interests are attained.

Once these goals have been achieved, child protective services intervention into the family ends, and the primary and secondary prevention services in the community assume the responsibility of assuring the child's and family's well-being.

Get a Map.

Once an agency has a clear sense of identity, it is ready to take the next step: specifying outcomes and outcome measures. There are three aspects of this process to highlight here:

1. Ensuring consistency between outcomes and agency identity;
2. Incorporating agency values into outcomes;
3. Attending to outcome 'dissonance.'

Consistency: If an agency has chosen to focus primarily upon achieving child safety, then it should avoid outcomes that, for example, reflect attainment of maximum individual and social functioning of all family members. Instead your outcomes should reflect attainment of the minimum conditions necessary to assure the ongoing safety of the children at risk in the family. Consistency will help to ensure that an agency uses its scarce resources in the most efficient and effective manner, since outcomes provide the rationale for staffing, service arrays, policy, etc.

Values: To be complete and accurate, outcomes must include key values from the agency culture, from the profession, and from the community. For example, just to specify "child safety" as an outcome is misleading. After all, one might argue that we could achieve greater child safety by taking measures such as permanently removing every child at risk of abuse or neglect. (Of course, we know that children are also abused in substitute care.) Thus, we are not after just *any* child safety, but child safety *in the child's family of origin* (if at all possible). And even this is not completely satisfactory, for upon closer examination we find that we must incorporate values from the Child Welfare perspective. What we are really after is *child safety*, within the *context of the child's family of origin*, such that the child's environment supports at least a *minimally acceptable level of functioning for the child*.

Dissonance: Specifying agency values is one thing. Dealing with how these outcomes harmonize or conflict with expectations in the community and within the agency is another thing. The issue here is how an agency brings along its internal and external constituencies as it defines its identity and outcomes. To the extent that there is agreement, all is well, and the agency can make progress and marshall support for its goals. To the extent that there is conflict (dissonance), the agency must listen, educate, advocate, negotiate, etc.

Start Your Journey.

The final step in the process is the most difficult: restructuring the agency to support outcome-based practice. All aspects of agency functioning must be scrutinized and re-engineered according to whether and how much they support achievement of the specified outcomes. There are five key ingredients to this process, which is now commonly called "reinventing government:"

1. Shared agency vision within the agency and with key constituencies without;
2. Top-down management commitment to the vision and to the process;
3. Commitment of sufficient time and resources;
4. Comprehensive plan for completing the process;
5. Ongoing support to sustain change.

An agency will suffer some degree of negative consequences if it does not take such a comprehensive approach to restructuring. When we implemented risk assessment in Texas, we took great pains to deal with all aspects of agency functioning which we thought would be affected by the change to a risk-based practice. We restructured policy, practice, forms, management, training, legal, contracting, community relations, etc. Unfortunately, however, we did not re-examine thoroughly enough our data and reporting systems. Consequently, when it came time to prepare our budget request for the upcoming legislative session, we found that our data concerning case counts, services, etc., were outdated, being based upon our old, maltreatment-focused system rather than upon the risk assessment system. The point is that when an agency re-orients its practice, it must think of *everything*.

To summarize, the basic principle of outcome-based systems change could be stated as follows:

> *The mission of each aspect of the agency is to employ the methods which enable the agency to attain its outcomes in the most effective and efficient manner possible.*

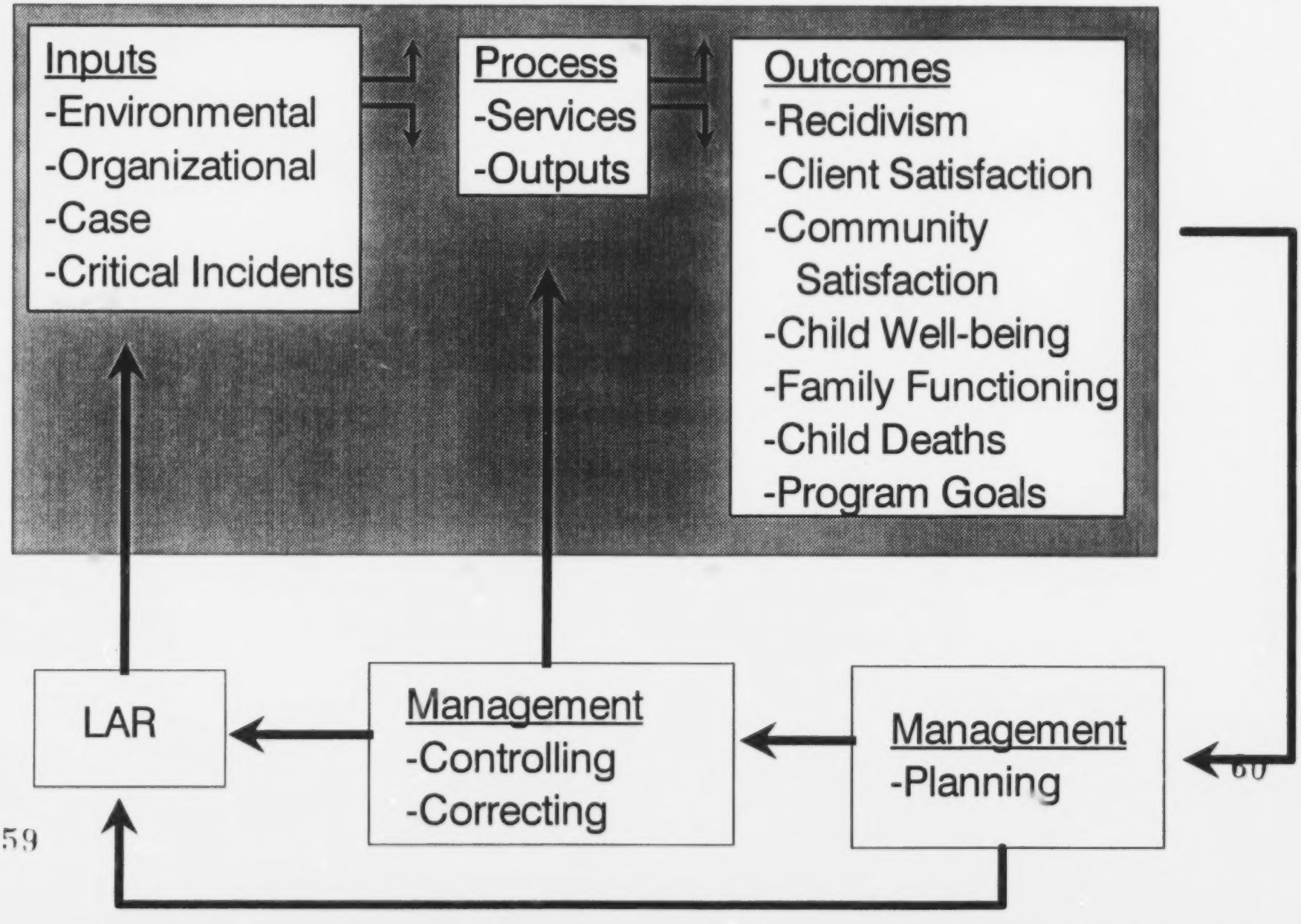
What we find then is that, ultimately, a focus on outcomes returns us full circle to a renewed emphasis upon process. To optimize outcomes, our processes must be effective. Our challenge is to construct organizational system which assist us in continually making adjustments to our methods and resources to maximize our achievement of desired outcomes.

The Texas Journey

In order to meet this challenge Texas is developing a Program Assessment process. It will be composed of a system to generate information on a continuously interacting set of variables designed to influence one another. This "Continuous Quality Improvement System" provides information on inputs, processes, and outcomes for use in planning and managing the program (including use in legislative appropriation requests). See the Continuous Quality Improvement System diagram below for an illustration of this process.

(Insert diagram here)

CONTINUOUS QUALITY IMPROVEMENT SYSTEM



The system will generate information on:

1. **Inputs**, such as the number of cases to be served, the dollars and staff available, including the dollars available for purchased services;

2. **Processes**, such as the type and duration of services applied, or the number of outputs achieved, e.g., the number of families preserved, the number of children adopted, etc.;

3. **Outcomes**, i.e., results or client impacts, such as child safety expressed as recidivism rates, child functioning, family functioning, client satisfaction, etc.

The specific outcome measures necessary to make this type system work will evolve and be refined over time as this interactive system is used.

It is necessary to look at all three areas; inputs, processes, and outcomes, in order to properly manage the program. If, for example, processes and outputs only are used it would be possible to track the number and quality of services without knowing what results or impacts it had on the clients. And if both the processes and outcomes are tracked without looking at inputs, it would be easy to make a mistake in judgement. For example, if the outcomes were less than desired, one could easily conclude that staff were not doing a good job, when the real reason for the poor results might be a lack of adequate resources, not poor staff performance.

Our knowledge is, and probably always will be imperfect. However, a system of interactive input, process, and outcome data can provide us with a significantly better opportunity to continuously make appropriate adustments to the methods and resources used to maximize achievement of our desired outcomes.

PRESENTATIONS OF EXPERIENCE

CALIFORNIA

EFFECTS OF NUMBERS OF IN-PERSON VISITS ON RATES OF CHILD MALTREATMENT RECURRENCE

SECOND ANNUAL ROUNDTABLE ON OUTCOME MEASURES IN CHILD WELFARE SERVICES
SAN ANTONIO, TEXAS MARCH 30-APRIL 1, 1994

BY

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Recurrence of child maltreatment is, or should be, a primary focus of the child welfare system. Prior to occurrence of maltreatment state statutes typically don't allow intervention. After occurrence of maltreatment, recurrence of maltreatment is the only form of maltreatment left as a target of intervention. The question arises, are efforts to prevent recurrence effective? To address this question, a prospective longitudinal outcome study of N = 303 physical abuse cases was undertaken in the Alameda County Social Services Agency. Physical abuse cases entering the family maintenance caseload of the agency between 1987 and 1989 were followed for two years after case opening and a determination was made as to recurrence of maltreatment (physical abuse, sexual abuse, or neglect). The primary independent variables in the study were (1) the number of in-person visits with family members by child welfare workers (<= 8 visits versus > 8 visits. Eight was the median number of visits.), and (2) the number of dollars spent on contract services (primarily counseling and parent training). Risk of maltreatment recurrence at the time of case opening was used as a control variable. It was measured using a risk assessment instrument validated on cases in the same sample. Logistic regression was used to assess the relationship between visits, contract dollars spent, and maltreatment recurrence, controlling for assessed risk.

Results and Discussion

Figure 1 shows that the rate of maltreatment recurrence for cases with <= 8 in-person visits was 33%, while the recurrence rate for cases with > 8 in-person visits was 17%. The results of the logistic regression shown in Figure 2 indicate that, controlling for risk and contract service dollars spent,, numbers of visits were negatively related to maltreatment recurrence (partial r = -.146, p < .004). Also, controlling for numbers of visits and contract service dollars spent, risk was positively related to maltreatment recurrence (partial r = .183, p < .0007), indicating that the measurement of risk used as a control variable had predictive and construct validity. It is clearly noteworthy that contract services were not related to maltreatment recurrence when risk and in-person visits were controlled.

While a randomized clinical trial would be required to make a definitive demonstration of the effects of visits on maltreatment recurrence, the results offer encouraging evidence of the beneficial effects of in-person visits. Contract services appear ineffective in this data set.

FIGURE 1

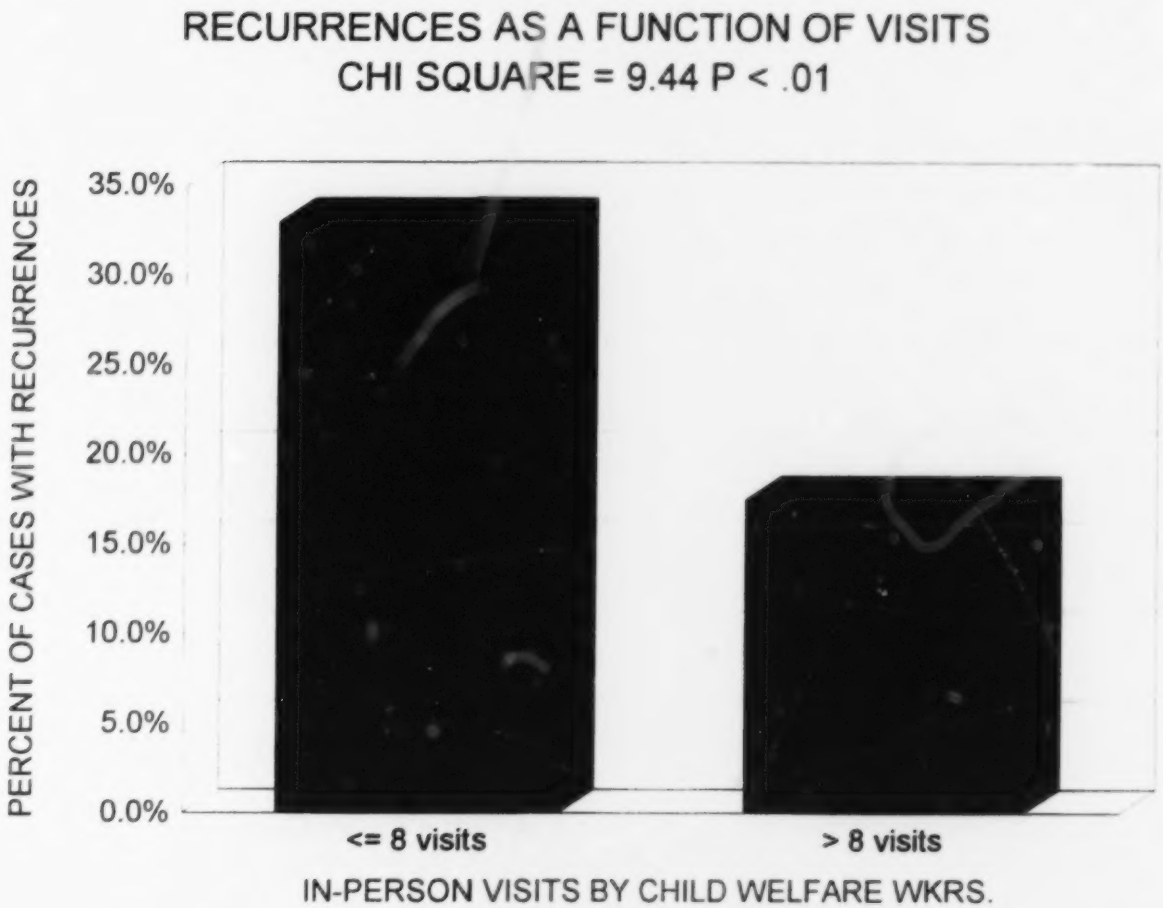

RECURRENCES AS A FUNCTION OF VISITS
CHI SQUARE = 9.44 P < .01
PERCENT OF CASES WITH RECURRENCES
35.0%
30.0%
25.0%
20.0%
15.0%
10.0%
5.0%
0.0%
<= 8 visits
> 8 visits
IN-PERSON VISITS BY CHILD WELFARE WKRS.

FIGURE 2

----------Variables in the Equation----------

Variable	B	S.E.	Wald	df	Sig	Partial R
Total Contract $ Spent on Case	.0008	.0004	3.9870	1	.0459	.0831
> 8 In-Person Visits	-.8945	.3141	8.1108	1	.0044	-.1457
Risk >= 7 points	1.0571	.3101	11.6238	1	.0007	.1829
Constant	-1.1406	.2577	19.5889	1	.0000	

PRESENTATIONS OF EXPERIENCE

UTAH

UTAH CUSTOMER SURVEY

Earl Bassett, Associate Director
Utah Division of Family Services
May 1994

OVERVIEW:

In Utah, we wanted to measure the service provided by our child welfare workers. We thought it would be interesting and very helpful if workers had the benefit of knowing how their performance is perceived from the people they serve or work with. We understand this approach was used at Boys Town in Nebraska and subsequently used by Utah Youth Village in Utah who utilize the Teaching Family Model. Eric Bjorklund and staff at Utah Youth Village volunteered to assist us in the development of this model for state workers of child welfare.

If we think of all with whom we work as our customers, we include not only the clientele whom we directly serve but also all others who work with us in that process of serving the same client. This includes parents, foster parents, courts, providers, etc. Our effort has been to obtain feedback from them as to how they perceive our performance in serving them and or the client.

The caseworker is perceived by the customers we serve, as being in a very powerful position. From the view of the child, the case worker determines where and with whom he or she lives. For the parents, the case worker determines whether they keep their child. For the foster parents the case worker decides if they receive foster children even, in some cases, the rate of reimbursement for that child. Case worker decision affect providers also, as they need sufficient clientele to operate their programs.

For this reason, the perceived powerful position of the caseworker, customers are reluctant to give honest feedback due to the fear of offending the caseworker--and there is too much to lose by offending the caseworker. It is said that every one laughs at the jokes told by the judge. The same principle applies to case workers.

Of course there are those who love to challenge the caseworker and don't mind telling him or her where to go. I worked on the front line for many years, and I've been told where to go plenty of times. Generally speaking, however, customers are reluctant to offend the person who holds so much power over their lives. For this reason it is difficult to get honest feedback about how the work is being done.

Keeping this in mind, we chose to administer an anonymous survey. Customers were sent survey forms and asked to fill them out regarding a specific worker. Each form had the workers name at the top, a series of questions about the workers performance, and if the customer had specific questions he or she wanted to discuss. (See attached questionnaire) The names of the client are not included on the forms and respondents were assured complete confidentiality as to their response on the cover letter. The forms were returned in a self-addressed envelope.

As you might suspect, our return rate was not as we had hoped and we found it necessary to remind people to return the form. Calls were made to the customers asking that they complete and return the survey. This effort increased our responses to over 50%. We also sent reminder postcards about the questionnaire. The postcards produced little results.

Data from questionnaires were then entered on the computer using a DataEase software database. Reports, both in the graph format and numerical format, were printed with the data by worker. (See copy of attached reports.)

The real strength of this approach is to obtain data by worker as opposed to feedback by agency. There is a believe that we judge others by their behavior and ourselves by our intentions. Since we always have good intentions for what we do, we allow ourselves to believe that someone else is making the mistakes. Our approach gives workers feedback that relates specifically to them. Incidentally, our workers received a lot of positive feedback as well which validated their efforts and motivated them to continue their hard work.

The reports were then shared with the worker, his or her supervisor, and the assistant director or director. Each supervisor was trained to utilize the data to assist the worker.

PROBLEMS:

As you might suspect, we ran into a variety of problems.

1. Some workers were reluctant to participate, so we asked for volunteers on the first pilot project of the survey. Some workers were anxious for the feedback and some were afraid of it.

2. Secretaries viewed this as extra work and resisted helping. The sending of different questionnaires to various people was confusing for the harried secretaries and a couple times the wrong questioners were sent.

3. Some providers didn't know the workers and did not give the questionnaire to their staff who did.

4. Some providers received many questionnaires for several staff members and therefore, resisted the effort to complete the forms.

5. Some customers expressed felt the confidentiality would be breached.

6. One juvenile court judge felt it was inappropriate for him to complete the forms.

FUTURE CHALLENGES:

1. Manpower: We are solving the man power problem by converting most of the tasks to be done to computer. We will down load the customers names and address labels from the computer. Letters will be stuffed by mailing machines. The questionnaires are now being reformatted so they can be read by a scanner and the data electronically transferred to the region who can run the reports.

2. Baseline data: Once we get the data rolling we will need to develop base line data to determine what the tolerance level will be from the Norm. It will take some time to complete this part.

3. Costs: So far we are having to eat the costs from our existing budget. This does not make the program popular.

4. Validity: Validity of the survey needs to established.

Despite the problems and challenges ahead of us, I believe the product will be worth the effort. Once workers realize they are being measured by others outside the agency, such knowledge should promote an improvement in their efforts and behavior. The positive feedback is probably worth all the effort. Another great benefit comes when complaints are received regarding a certain worker. Survey results can give additional data to defend a worker or to help a worker make a change in how they do business.

FOSTER PARENT FEEDBACK

Caseworker Caseworker Name – Date June 3, 1993

Please answer each question by marking the ONE circle that most closely reflects your feelings as they pertain to the caseworker listed above.

	ALMOST ALWAYS	USUALLY	RARELY	NEVER	NO PERSONAL KNOWLEDGE
1. This caseworker is courteous	○	○	○	○	○
2. This caseworker involves you in treatment decisions concerning the child(ren)	○	○	○	○	○
3. This caseworker is professional in their dealings with you	○	○	○	○	○
4. You received a placement information form (Form 952) from this caseworker	○	○	○	○	○
5. You are satisfied with the amount and quality of in-person and telephone contacts this caseworker has with the child(ren)	○	○	○	○	○
Average number of contacts per month _____					
6. You are satisfied with the frequency and quality of communication you have with this caseworker	○	○	○	○	○
Average number of contacts per month _____					
7. You are satisfied that the caseworker is supportive of the long-term and short-term goals for the child as outlined by the treatment plan	○	○	○	○	○
8. You are satisfied that the caseworker advocates for the best interest of the child	○	○	○	○	○
9. This caseworker is appropriate in their dress and conduct	○	○	○	○	○

10. Any additional concerns, comments, or suggestions concerning this caseworker?

_____

_____

If you have a problem with this caseworker, would you like an administrator to call you? If so, please put your name and phone number below.

_____ _____

Name Phone number

YOUTH QUESTIONNAIRE

Caseworker Caseworker name – Date June 3, 1993

Please answer each question by marking the ONE circle that most closely reflects your feelings as they pertain to the caseworker listed above.

	ALMOST ALWAYS	USUALLY	RARELY	NEVER	NO PERSONAL KNOWLEDGE
1. Your caseworker is helpful	○	○	○	○	○
2. Your caseworker is concerned about you and your success in the future	○	○	○	○	○
3. Your caseworker is courteous	○	○	○	○	○
4. Your caseworker supports you in achieving your treatment plan goals	○	○	○	○	○
5. You are satisfied with the number of phone contacts with your caseworker	○	○	○	○	○
6. You are satisfied with the number of visits with your caseworker	○	○	○	○	○

7. Your caseworker has discussed your treatment plan with you Yes ○ No ○

8. Your caseworker involved you in the selection of your current placement if applicable Yes ○ No ○

9. Any additional concerns, comments, or suggestions concerning your caseworker

_____

_____

_____

_____

_____

If you have a problem with this caseworker, would you like an administrator to call you? If so, please put your name and phone number below.

_____ _____

Name Phone number

PROVIDER FEEDBACK

Caseworker Caseworker Name – Date June 3, 1993

Please answer each question by marking the ONE circle that most closely reflects your feelings as they pertain to the caseworker listed above.

	ALMOST ALWAYS	USUALLY	RARELY	NEVER	NO PERSONAL KNOWLEDGE
1. This caseworker is courteous	○	○	○	○	○
2. This caseworker involves you in treatment decisions concerning the child	○	○	○	○	○
3. This caseworker is professional in their dealings with you	○	○	○	○	○
4. You received placement information forms (Form 952) from this caseworker	○	○	○	○	○
5. You are satisfied with the amount and quality of in-person and telephone contact the caseworker has with the child	○	○	○	○	○
Average number of contacts per month _____					
6. You are satisfied with the frequency and quality of communication you have with the caseworker	○	○	○	○	○
Average number of contacts per month _____					
7. You are satisfied that the caseworker is supportive of the long-term and short-term goals for the child as outlined by the treatment plan	○	○	○	○	○
8. You are satisfied that the caseworker advocates for the best interest of the child	○	○	○	○	○
9. This caseworker is appropriate in their dress and conduct	○	○	○	○	○

10. Any additional concerns, comments, or suggestions concerning this caseworker?

_____

_____

If you have a problem with this caseworker, would you like an administrator to call you? If so, please put your name and phone number below.

_____ _____

Name Phone number

QUESTION #	ALMOST ALWAYS	USUALLY	RARELY	NEVER	NO PERSONAL KNOWLEDGE

CASEWORKER NAME [redacted] DATE Jan 93

YOUTH QUESTIONNAIRE

Sent = 5
Responded = 4

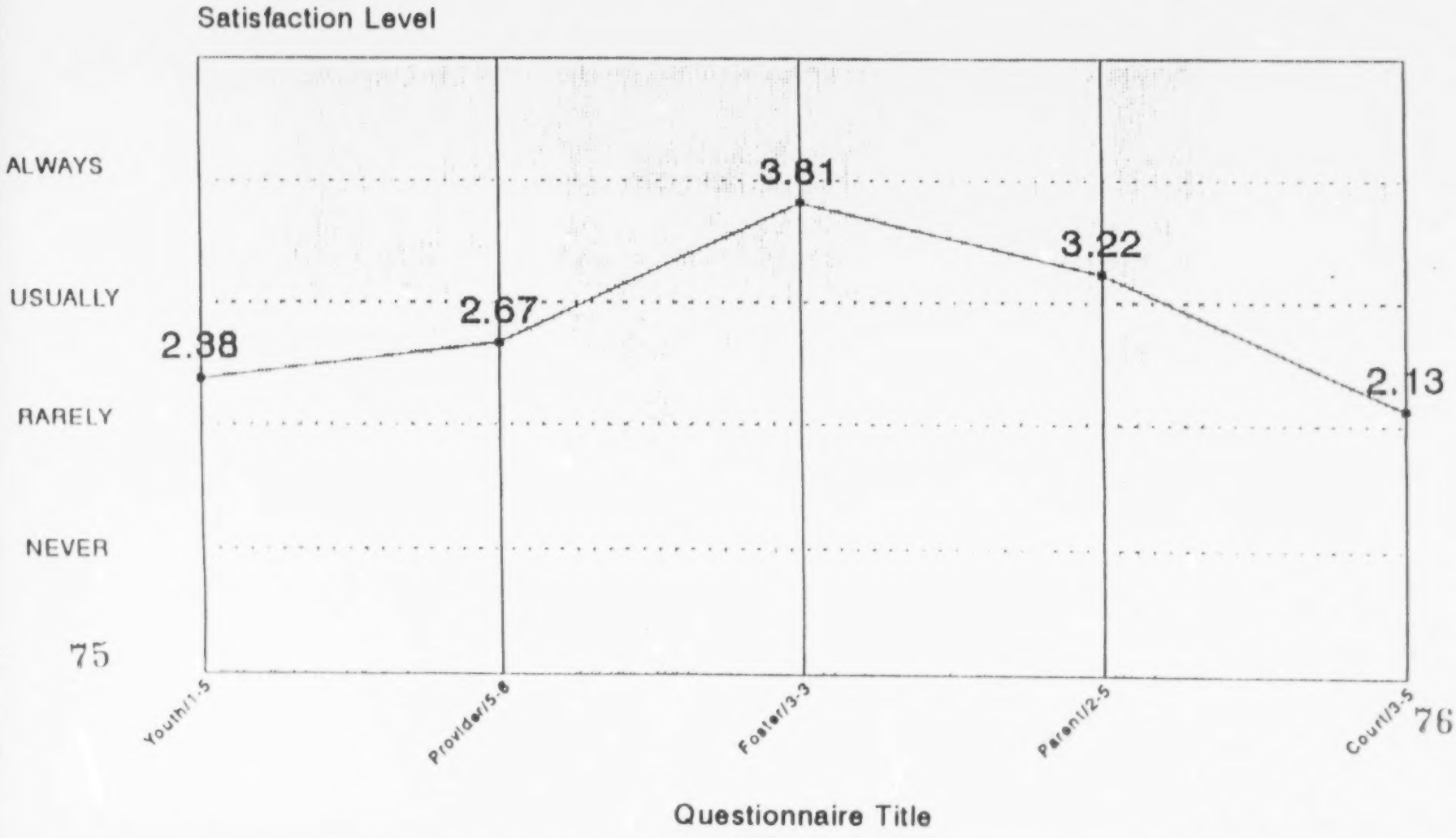
QUESTION #	ALMOST ALWAYS	USUALLY	RARELY	NEVER	NO PERSONAL KNOWLEDGE
1	3	1	0	0	0
2	3	1	0	0	0
3	4	0	0	0	0
4	3	1	0	0	0
5	2	2	0	0	0
6	3	1	0	0	0
	18	6	0	0	0
	75%	25%	0%	0%	0%

	YES	NO
7	3	0
8	2	1

9 SHE PUSHES ME TO STAY ON THE RIGHT TRACK. SHE'S A GREAT PERSON AND WE GET ALONG GREAT. I LOVE HER.

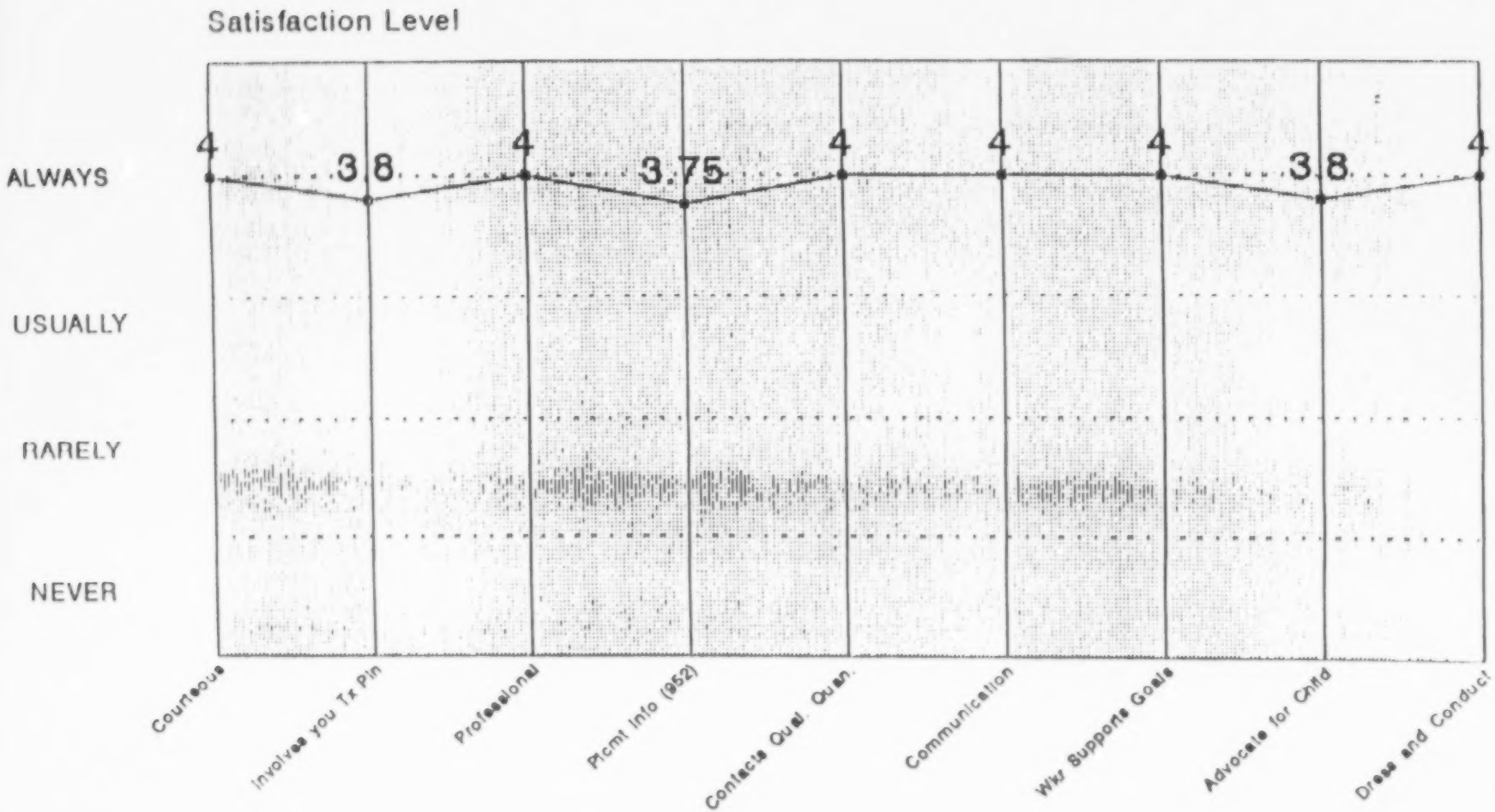
WORKER NAME

Questionnaire Summary



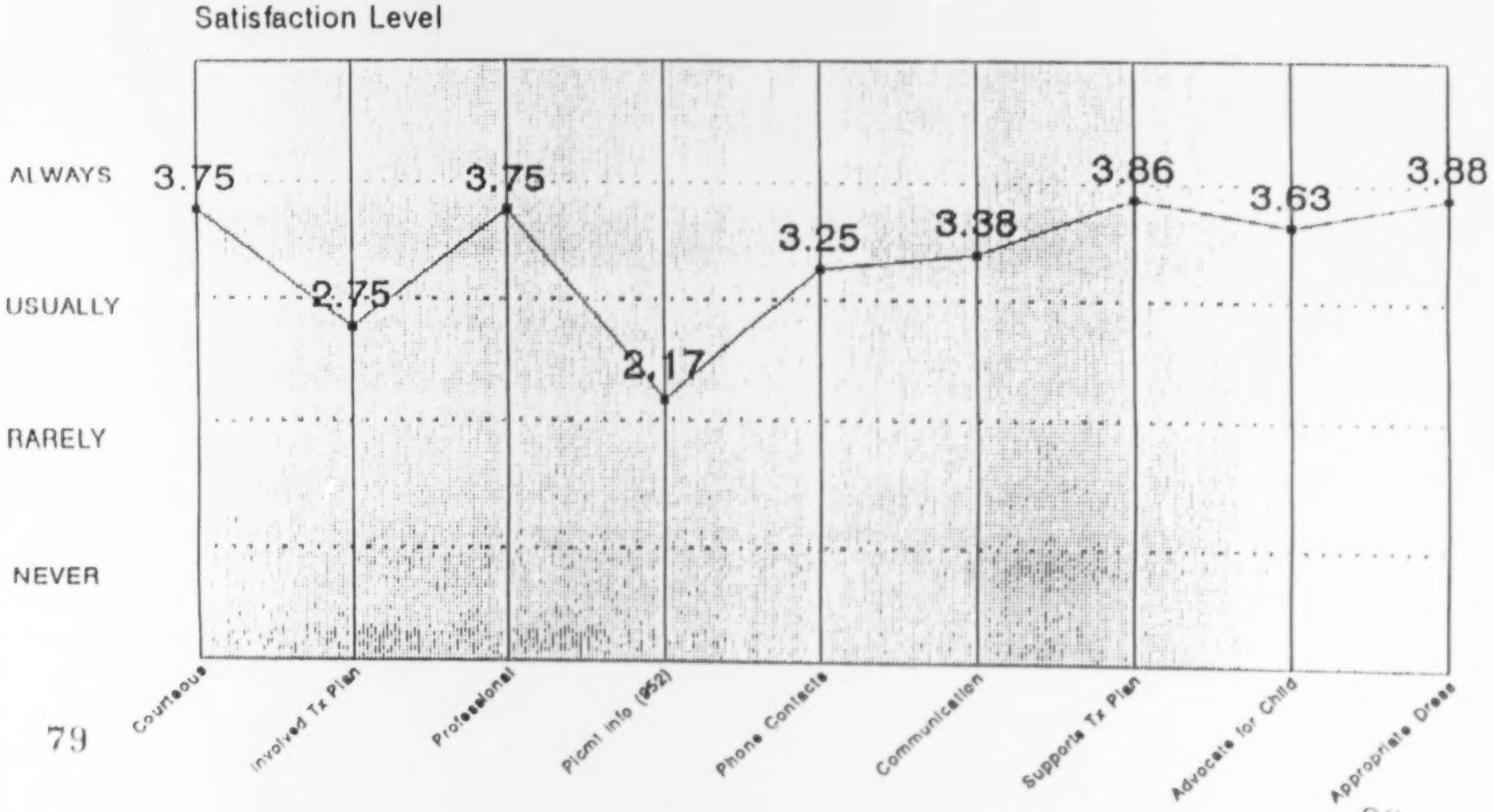
WORKER NAME

Foster Parent Satisfaction



WORKER NAME

Provider Satisfaction



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RECOMMENDED OUTCOMES FOR RESIDENTIAL CARE

Eric W. Bjorklund, J.D.
Utah Youth Village

INTRODUCTION

One of the most expensive segments of the child welfare system is residential care. Caseworkers place children with residential providers for many different reasons. Residential providers include basic foster care, treatment foster homes, group homes, residential treatment centers, secure facilities, etc.

Traditionally, a caseworker seeks certain activities which are referred to as "process" components when placing a child with a provider. Process components are activities or services provided for the child. For example, the caseworker seeks a place for the child to live. The child will be provided a certain amount of individual therapy, group therapy or skills training. A tracker may be assigned to the youth.

It is assumed that the "process" components produce the desired outcome of a functional child who successfully leaves the child welfare system.

Unfortunately, we do not really know what correlation certain "process" components of treatment have with outcome results. This is complicated further by the varying competence of different providers.

Outcome measures help us determine if we are meeting our goals. With regard to residential care, the goal of the child welfare system should be to move children from residential care to productive independent lives in society.

In theory, a caseworker's placement decision should be driven by this goal. The caseworker should ask herself, "Will this placement ultimately move this child from residential care and cause him to be functional in the real world?"

CURRENT BOTTOM-LINE OUTCOME MEASURES

In practice however, the "outcome measurements" fostered by the everyday dynamics of the system are varied and sometimes questionable. When a caseworker wonders where to place a child he/she may ask:

1. Which provider controls or hides the youth's behavior so that I am not constantly dealing with issues?

This is a combination of the pressure of excessive caseloads and a common belief that no

news is good news. In reality some ongoing contact with the caseworker may or may not be positively related to creating a functional youth.

2. Which provider will immediately and unconditionally take a youth that needs to be placed?

Ironically, this may be successfully completed before treatment has actually begun. It can also equate to a license to warehouse a child.

3. Which provider will help this child "work through the child's issues?"

This may exalt certain treatment processes without regard to the provider's ability to produce a more functional child. It may be a more accurate predictor of a therapist's employment than the child's behavioral change. Moreover, this "outcome" is so defuse and nebulous that its achievement is unmeasurable.

4. Which treatment provider most closely aligns with the theories of my college professors or the latest child care fad?

This does not consider that a certain provider may not effectively apply a claimed treatment or that the professor's theories may have been wrong.

5. Which provider employs someone I know and trust?

The caseworker may unfortunately know and trust the least competent provider. Yet how can he/she be blamed if administrators do not provide better data and guidance about who is achieving success.

6. Which provider has done well with the children I refer to them?

All too often the caseworker's experience may be limited. Moreover, his/her criteria of prior success may be listed in one of the immediately preceding paragraphs.

7. Which provider will provide as many resources as possible to the child in the least restrictive setting?

This is appealing to a caseworker. If the caseworker involves as many people as possible in the child's care then the caseworker is beyond criticism and feels he/she has done the very best for the child.

Yet, this provides a classic example of using "process components" instead of "outcome measures." For example, it is our experience

that highly skilled foster couples will predictively achieve better outcomes, by themselves, than will a nominal foster couple combined with a tracker, an individual therapist and a group therapist.

A child prefers to interact with a limited number of adults. The fewer number of adults increases the likelihood of bonding and decreases the child's ability to manipulate the adults against each other. More chefs in the kitchen do not necessarily yield a better soup. However, the truth will be known only when the system starts to routinely measure outcomes.

I recently talked with the director of an agency which provides much of the tracking services to the state of Utah. She acknowledged that trackers were probably a useless service. She doubted that the addition of a tracker to a child's treatment plan would be predictive of outcome success. Yet, the caseworkers demand it because of the deceptive comfort it offers them. The provider responds accordingly. More money is expended. Actual behavior may not be changed.

CASEWORKERS DRIVE THE RESULTS

Providers quickly learn which processes or "outcomes" drive placement decisions in the current child welfare system. To do otherwise is to insure empty beds and financial despair as a provider.

Provider's services are usually process driven. Based on the demands from government agencies. Unfortunately ultimate outcomes are usually irrelevant.

It is as if a business hired numerous sales people, payed them millions of dollars, but never evaluated their sales. How efficient would this business be?

It is the caseworker's headset which drives the whole system. Sadly, caseworkers are left adrift in the seas of decision-making by administrators who will not articulate legitimate outcomes, will not measure those outcomes and will not communicate the outcomes.

It is the administrators who must empower caseworkers to make placement and assessment decisions which predict valid outcomes.

IDEAL OUTCOME CHARACTERISTICS

Faced with this challenge, we suggest outcome measures with the following characteristics:

1. The outcome measures would motivate the providers to change the child's behavior so that the child would leave residential care successfully.

Children who are moving into residential treatment have difficulty functioning in traditional family structures and in the public school system. For these children to successfully leave residential care they must become functional in family environments and in the school system.

2. The outcome measures need to be essentially fair to the providers. Judgements on outcomes would have to take into account the comparative difficulty of youth. Providers would need to be compared with others who deal with comparable youth.

3. Measures should be as objective and independent as possible.

4. The outcome data would need to be of such a nature that it can be periodically published to caseworkers and providers. Without publishing the data, providers may not change their behavior and caseworkers may not change their attitudes.

5. The outcome data must not be too expensive or burdensome to obtain, especially considering the goal of periodic ongoing publication of the data.

TWO GENERAL OUTCOME MEASURES

We advocate two general outcome measures: movement to less restrictive environments and school performance. The data to measure either outcome is already in most governmental systems and comparitively inexpensive to collect.

OUTCOME #1:

Movement to a less restrictive environment when a child's placement with the provider facility is terminated is the first outcome measure. For example, when a child leaves a group home to go to foster care, independent living or her/his family, it would be counted as a success. When the same child runs away, goes to another equally or more restrictive setting it would be counted as failure.

This outcome measure is intended to encourage a provider to teach a child to succeed in less restrictive family-like environments. This outcome measure focuses on the youth's development of family competence and the youth's movement out of the system.

This outcome measure is tracked as a percentage and would be reported as an ongoing cumulative score, much like a batting average.

Variations on this outcome measure would include determining if the child maintains the less restrictive

status for some duration of time after termination from the program.

One might further look at how stable (movement from placement to placement) the child is for some duration of time after termination. Again, this data is already in the system and comparatively easy to access.

However, one must be careful, because the ability of the successor provider is also being measured when measuring youth status for some time after termination from a program. A youth's maintenance in a less restrictive environment and relative stability may be more a function of the successor foster home's competence than the treatment ability of the prior group home. Yet with a sufficient number of youth, statistical trends should emerge to suggest if a provider is doing well or may need help.

When measured by this type of outcome, providers are motivated to use, find, and create treatment methods that achieve movement to less restrictive environments. This might include a greater emphasis on working with the target family, a different approach to psychotherapy, the introduction of skills building treatment programs, etc.

OUTCOME #2:

School performance, the second outcome measure, is assessed through grades, citizenship and attendance of the child at school. A child's performance in school is widely recognized as a gross indicator of his/her functionality. Moreover, a child's failure in the school system is usually a predictor or contributing cause of their placement in the child welfare system. It is therefore important to use this outcome measure to motivate providers to teach children to succeed in the school system.

Numeric values would be assigned to each criteria (grades, citizenship and attendance) to yield an overall numeric score. This outcome measure would be reported by the ongoing average score of all of the children in the facility. This data is readily available for most children in the system. Depending on your agency structure the data can be obtained from the school system or be provided through the providers.

An important variation on this outcome measure is the improvement or regression of a child's school performance compared to their prior placement. This is perhaps more indicative of the provider's competence. Moreover, it alleviates the concern that providers would become selective about referrals to get children who are more likely to have high grades -- a practice referred to as "creaming."

DISPURSMENT

We recommend publishing the running totals of the data on a quarterly basis to all caseworkers and all providers. No mandatory

consequences should be attached to providers performance. The outcome measures are not accurate enough to justify mandatory consequences. The publication of the data should be its own motivator.

GENERAL CONSIDERATIONS

These outcome measures create data which are the result of objective events. For example, the movement of a child at his placement termination is an independent event which cannot be skewed by the provider. Similarly, the child's school performance is usually provided by independent school teachers. To this extent the data is more objective than self-serving outcomes that could be manipulated by providers.

The model or method of achieving success on these outcome measures should be irrelevant to government agencies, to the extent the provider uses ethical methodology and complies with the law. These types of outcome measures can motivate a provider to radically change its treatment system to obtain better outcomes. We must become more focused on achieving the goals and not just implementing the means.

These outcome measures may also encourage providers to interact more with each other. Providers who show poorly on these outcomes may quickly seek out those who show strongly to solicit their training.

It is important to track the data based on a facility and not on a provider. In our state's system, one provider operated many treatment foster homes. Children were shifted often from one home to another. Because our state's documentation is set up on a provider basis, that movement was invisible to the government. Its impact on the children, however, was likely devastating. When outcome data is reported by a facility, abuses of the system can be quickly detected and stopped.

The outcome data may be just as easy to get for foster homes as for more restrictive care. We urge foster homes be included in this outcome process. We have all seen foster homes that are terrible but are nevertheless used often because they are willing to take any child at any time of the day or night.

We have also seen very competent foster parents to whom youth are not referred because the foster parents are not well known by caseworkers. This type of data could cull out incompetent foster care, while encouraging the use of the best foster parents.

Public, as well as private providers, should be subject to the outcome measures. Providing the best outcome results for children must be the goal of a government agency, not protecting its own programs.

We are concerned about minimizing comparisons between providers who deal with different populations -- the proverbial "oranges"

vs. "apples" problem. When data are published it is important that basic foster homes be reported as a group. Each level of residential treatment should be compared to itself.

We suggest segregating the providers by pay rate. Theoretically, the programs receiving the same pay, per youth per day, are helping children whose difficulty is roughly equivalent. We would suggest down-playing claims of "oranges" vs. "apples" within the same pay strata. A provider will often believe that the children it serves are the most difficult in the system. Ironically, it usually knows little or nothing about the other providers' children.

We have had concern that measuring performance will cause providers to "cream" the youth to obtain those who will yield the desired outcome. It may not be bad, however, if a provider discovers that they cannot positively impact children of a certain difficulty level.

The measuring of performance will likely cause some providers to reassess who they are equipped to deal with successfully or to change some of their treatment methodologies.

Nevertheless, the provider who tries to screen for the easy children will find their referral base dwindling and other, more capable, providers taking their place in the system. The financial motivation of providers to keep beds full outweighs the temptation to skim for the easy children.

It must be acknowledged that these outcome measures are not empirical. They provide gross indicators of competence. It is for that reason that no mandatory level of performance is attached to the system. Simply the reporting of the data provides its own motivation.

THE ANTICIPATED RESULTS

The anticipated impact of these output measures will be two fold:

1. Caseworkers will start to think in terms of "outcomes" in addition to "process." Administrators will finally articulated simple outcome goals for the residential care system. Caseworkers will have data to guide the placement of children. Children will be less likely to be abused by the system. The system will also save money due to increased efficiencies.

2. Providers as a group will pay more attention to teaching children to be competent in family environments and in schools. Even if the caseworkers never saw the outcome results, the publication of the results amongst providers would increase the quality of care given to the children. Simply measuring a behavior, may change the behavior.

It is our belief that over time an agency will find that most of the providers will rate similarly to each other. A few exceptions may show very poorly. Those may be the providers who are warehousing children. They will become motivated

to improve their treatment system or their referrals will rightfully diminish.

CONCLUSION

The ultimate question becomes, "Is it better to measure outcome performance using gross but economical measures or to avoid it because of the potential for unfair results?" We suggest that the benefits of measuring competence far outweigh the risks. We would see the trade-off to be similar to the question, "Is it better to drive automobiles or not drive because of the potential risk for an accident?" We must start to measure competence, albeit, imperfectly.

One additional intriguing use of this data might be to sort it by caseworker as well as by provider. This may quickly highlight those caseworkers who are routinely referring youth to ineffective providers for whatever reason.

It may also lead to the discovery of other activities that are common to successful caseworkers. It might motivate caseworkers to seek the treatment that will provide the best outcomes for youth. Note that this is a different goal that seeking the best treatment for youth.

However, we would be careful of the timing of the implemention this second step. Caseworkers may overreact to the outcome measures added to the system, let alone focusing the measures on them. Overreaction may have unfair implications for certain providers. We would suggest the provider data be given substantial time to become routine before the second shoe fall.

Occasionally, more empirical studies looking at many other outcome measures could be compared to the data generated by these two outcome measures. This could be used to assess the validity of the proposed measures and better understand how they relate to other data.

WORK GROUP SESSIONS

APRIL 8, 1994

WORK GROUP SESSIONS

On the second day of the Roundtable, participants divided into four separate groups that were defined around one of four target outcomes:

- child safety,
- family continuity/family preservation,
- child functioning, and
- family functioning.

For the target outcome, each group was asked to:

- clarify the definition of the target outcome;
- review illustrative examples of indicators and measures; and
- generate a list of additional indicators.

At the end of the day, the participants reconvened so that each work group could report back and summarize their work to the larger group. Time was allotted for discussion and reaction to the list of additional outcome indicators developed by each work group. Each group's list of outcome indicators were word processed and copied overnight and made available to each participant the following morning.

Based on the previous days feedback from the larger group, the work groups prioritized their list of outcome indicators and identified no more than five outcome indicators for each target category. Each group, using sheets of transparencies and markers, recorded their priority list of outcome indicators, and again presented them to the larger group for discussion and reaction.

The following pages represent the work group's priority draft lists of indicators generated during the sessions. In order to reflect the original intent of each work group and avoid losing any subtleties of meaning, AHA minimally edited and revised the indicators.

Second Annual Roundtable on Outcome Measures in Child Welfare Services

Work Group Results - Draft Indicators
Friday April 8, 1994

Child Safety Work Group Notes

Child Focus

1. Decrease the factors that put adolescents at-risk of perpetrating violence or becoming a victim of violence.
2. Decrease the number of subsequent confirmed reports of unsubstantiated cases of abuse or neglect.
3. Decrease the severity and number of incidents of subsequent abuse and neglect within 12 months of initial substantiated report.
4. Decrease the number of preventable injuries/deaths resulting from abuse or neglect.
5. Decrease the number or severity of confirmed abuse/neglect for children in out-of-home care.

Parent/Family

1. Reduce domestic violence in families with children receiving child welfare services.
2. Reduce subsequent maltreatment of siblings or subsequent births.
3. Increase the use of appropriate discipline by parents with their children.
4. Improve parents' knowledge level of the physical and developmental needs of children.
5. Decrease unnecessary disruption of families as a result of the investigation of reports.

Community

1. Increase the number, quality, and the response to reports of suspected child maltreatment in compliance with the law.
2. Increase the availability, access, and adequacy of an array of services for children and families who have been reported/confirmed for child maltreatment.
3. Reduce rate of child maltreatment by caretakers in positions of trust such as day care providers, scout leaders etc.
4. Increase awareness of child protective services' role, in partnership with the community, to ensure child safety.

Work Group Results - Draft Indicators
Friday April 8, 1994

Family Continuity/Preservation Work Group Notes

This work group developed the following definition for family continuity/preservation: "To ensure that whenever possible children and families, however defined, remain safely together, are reunited as quickly as possible, and maintain kinship ties.

Child

1. Improve the stability of children's living arrangements by maintaining sibling groups whenever possible and appropriate, and by increasing the number of local community placements for children in out-of-home care.

2. Decrease the number of status offenders and runaways.

3. Decrease the over-representation of children of color in out-of-home care.

4. Increase the number of open adoptions, working with children to determine permanency goals.

5. Improve children's feelings of ethnic, cultural and racial identity and self-worth.

Parent/Family

1. Increase the number and the frequency of visits that occur between parents and other family members, and children who are in out-of-home care.

2. Improve the quality of parent/child interaction and relationship satisfaction for children reunited with their families.

3. Increase contact between the permanent family and the out-of-home care provider(s).

4. Increase the number of families who recognize children as a daily priority, and whose actions to children reflect community standards.

5. Increase the number of families who seek supportive services and community resources to support the family prior to a crisis.

Community

1. Increase the number of adoptive and foster care homes that are culturally competent, and that reflect the cultural and ethnic makeup of children in out-of-home care.

2. Improve formal and informal supports for kinship care as a child welfare service.

3. Increase community's education and outreach support to sustain and support families, family continuity, and family preservation. (Note: The work group recognized a growing tension between family preservation and child safety.)

4. Increase community resources to help resolve parent/child conflict.

5. Increase the number of families with basic economic supports.

The work group recognized that most of these indicators, more programmatic in nature, fit into the other three categories. In developing these outcome indicators, the work group interpreted the term "family preservation" not as a specific program model, but more as support services to families. The group dialogued about the over-representation of children of color in the child welfare system, with concern that many are losing their identity. The group's intent was to address the need for each community to provide culturally and ethnically competent foster parents for children in out-of-home care.

Work Group Results - Draft Indicators
Friday April 8, 1994

Child Functioning Work Group Notes

Child

This work group approached defining outcomes in "domains" rather than delineating a specific set of indicators for each domain. The general outcome domains would then include a specific set of differential standards based on the child's age, whether the custodian of the child is the natural parent or the state, etc. The five domains are: 1) physical; 2) behavioral; 3) emotional; 4) cognitive; and 5) social.

Parent/Family

1. Improve application of parenting skills appropriate to child's level of development.

2. Improve parents ability to access and use formal and informal community resources.

3. Improve parents ability to identify child's needs.

4. Improve parents and family members awareness of how their behavior impacts the child.

5. Improve parent/child interaction.

Community

1. Increase the community's willingness to become involved with dysfunctional families.

2. Improve the community's involvement in improving/supporting child functioning within the five previously defined child domains.

The work group commented that specific outcomes should also be defined around specific issues. For example, under "Community" there should be specific language around institutions such as schools. In recognition of limited time, the work group also noted that the defined outcome indicators did not address collaboration. The group also noted that the difference between the availability and use of [community] supports, suggested the need to define another set of indicators regarding utilization.

Family Functioning Work Group Notes

Child

1. Reduce child's fear of family members.
2. Improve child's understanding of family rules.
3. Improve child's communication techniques and negotiation skills with family members.
4. Reduce family violence.
5. Improve quality of attachment between child and family.

Parent/Family:

1. Improve family's communication to effectively resolve family conflict and to decrease parenting/family stress level.
2. Increase family's display of appropriate role behaviors (i.e., decreasing prevalence of familial substance abuse), and the promotion of important values (such as education).
3. Increase family's ability to identify and access community resources to resolve problems, and to establish and use internal and external support networks.
4. Improve family's ability to provide continuity, caregiving, nurturing and caring.
5. Improve parent's capability to provide basic care (i.e., nutrition, hygiene, supervision) for children.

Community

1. Increase the number of community-based foster parents and adoptive parents as long term supports.
2. Increase availability and family use of such local support services as respite care, child day care, mentoring, and tutoring services.

3. Support local community councils to monitor and report on quality of family life.

4. Create more opportunities for the child welfare system to partner with neighborhood resources (recreation and churches), and in community development efforts.

5. Expand the number and quality of available family development services.

GETTING STARTED

Some Measurement Issues to Consider When Developing Outcome Measures for Child Welfare Services

Raymond S. Kirk, Ph.D.
Associate Director, Human Services Research and Design Laboratory
University of North Carolina at Chapel Hill

At the First Outcome Measures Roundtable, I was asked to comment on what we, as a profession, had done so far to measure outcomes, and what we had learned in the process. During my remarks I suggested that we have "measured the wrong things, and that we have measured them poorly." This comment was in reference to our history of measuring process variables or agency activities, and making often unwarranted leaps of faith that these activities are somehow associated with improved outcomes for children or families. Rarely do we actually measure outcomes directly.

I also suggested that as we should shift our measurement practices to focus more appropriately on outcome measures, and that we develop a range of outcome measures that can inform practice as well as program and policy. A danger in focusing on a small number of outcome measures (or in a worst case, a single outcome measure) is that we will sometimes fail to notice meaningful, positive changes in child or family conditions that fall short of the overall outcome. If we do not account for these smaller changes, we may fail to build upon intermediate successes, and commit the error of assuming that the whole program or intervention is a failure.

There is increasing agreement among caseworkers, researchers and program directors that we have been "measuring the wrong things," if we want to know the results that our services are producing for families and children. However, that does not mean we should stop measuring process variables or agency activities. It is legitimate to ask questions about caseload sizes, numbers of investigations completed, numbers of units of services delivered, and so on. These numbers can provide answers to efficiency questions, they can inform quality assurance reviews, and they can be linked directly to resource

allocation decisions. However, they often tell us little about effectiveness because they fail to answer the effectiveness question: are the families and children better off as a result of these activities. Decisions about what to measure should be driven by the salient research or evaluation question.

This Second Outcome Measures Roundtable has been structured to help us identify and agree on a set of outcome measures appropriate for child welfare. This is a good thing, since we have seemingly agreed to "measure the right things." However, we should keep in mind that obtaining outcome measures may pose new challenges. After all, we are very practiced in measuring process and activity, but we are neophytes when it comes to measuring outcomes. Having decided to "measure the right things," assuming we are interested in assessing effectiveness, we should address some of the measurement issues affecting our ability to determine child and family outcomes.

Fraser (1990) recently suggested that both "proximal and distal" measures are needed when evaluating family preservation services. While his frame of reference was limited to family preservation, the recommendation for multiple outcome measures is certainly generalizable to the broad array of child welfare services. I certainly agree with Fraser's (1990) suggestion that outcome measures not be thought of only as an end-point. There are multiple opportunities to assess outcomes during a typical child welfare intervention. There are also several strategies for obtaining good data when assessing outcomes. I will develop these assertions more fully with reference primarily to family preservation services, since that is the area in which I am working presently, but the points I will make are largely generalizable to other intervention strategies.

The assertion that outcome measures should be assessed throughout the "life" of any intervention (and thereafter, whenever possible) is predicated on the notion that we need to be informed about meaningful changes even if they fall short of some ultimate outcome measure. One of the best examples of this requirement that I know of is the study of Minnesota's Family Preservation Services program conducted by AuClaire and Schwartz (1986). In this study they did not find significant differences in the placement rates of children in families receiving family reservation services (FPS) when compared to

presumably similar families that did not receive those services. However, if placement did occur, significant differences were reported in the number of placement days utilized. Children from families that received family preservation services experienced significantly fewer placement days than did children from families who had not received those services.

AuClaire and Schwartz (1986) also suggested, based on preliminary data, that in addition to the shorter duration of placement, families that received family preservation services required less intensive follow-up services than did families that did not receive those services.

Had they used the "traditional," ultimate outcome measure of placement prevention as the sole evaluation statistic of family preservation services, the authors might have concluded that the Minnesota FPS program was not successful, based on the finding of "no difference" between the control and experimental groups in the study. However, the findings of "fewer placement days" and "need for less intensive follow-up services" for FPS-receiving families must surely fall on the "success" side of the effectiveness argument. Had these intermediate outcome measures not been collected along the way, practice might not have been informed about some other signs of success for the overall program from which program modifications might be made. (In fact, those positive intermediate outcomes beg some other interesting questions about the premature use of experimental research designs in the evaluation of new programs and interventions.)

We have seen that gathering intermediate outcome data is no less important than gathering outcome data at the time of case closure or service termination, but it is also important to gather selected outcome data periodically after case closure or service termination. One benefit of post-service outcome measurement is that it provides information about the durability of the intervention. Again, however, multiple measures are desirable. Some outcome measures are imbued with measurement issues that can provide information that is misleading. This is true of some process measures as well, as I have suggested with regard to the national system for tracking foster care utilization (Kirk, 1993).

The "placement prevention" statistic for family preservation is one such outcome measure. We have already determined that it is inadequate as a stand-alone measure of program success at the time of case closure, but consider what happens to the "performance curve" of this measure as time passes after case closure. With the passage of time, some families that received family preservation services will experience the out-of-home placement of a child. This placement decision may be necessitated for reasons of child safety that were not resolved during the FPS intervention. On the other hand, the placement may be necessitated by factors complete unrelated to the original family preservation services case. Either way, the placement will probably be interpreted as a "failure" of the FPS intervention. This interpretation is likely because the very nature of the measure predisposes negative interpretations of gathered data. Specifically, since "placement prevention" can be characterized as the "absence of a negative outcome", any time placement occurs it will fall into the "failure" category of outcomes for family preservation. The future curve of the data can never improve, it can only deteriorate. The apparent deterioration may be due to the measurement issues inherent in the statistic. At the very least, we should simultaneously gather potentially countervailing, "positive" outcome measures (such as occurrences of behavior indicating improved family functioning) to inform our interpretation of the apparent deterioration in the placement prevention statistic.

In addition to employing measures that are both proximal and distal to the intervention, Fraser (1990) suggests that the measurement system should include both client- and program-level indicators. We have currently employed this strategy in North Carolina, where the state law defining and enabling family preservation services requires that families be contacted one, two and three years after service to find out whether the family is intact. Given the measurement issues associated with this mandate and the potential for only negative or unfavorable interpretations of "placement prevention" as a solitary, distal outcome measure, we have developed a strategy to assess a variety of family functioning indicators along with the mandated statistic. Examples include:

- service utilization subsequent to family preservation services;

- general physical and mental health of family members;
- school attendance and performance of school-age children;
- involvement of children with the juvenile court; and,
- subsequent involvement with DSS.

These measures and others will provide a much more useful picture of the life-course trajectory of families following FPS than would be the case if we relied solely on whether the family is still intact.

As an aside, using "service utilization subsequent to receiving FPS" as an outcome measure may be argued to be either a positive or negative indicator. Some would argue that any need for services subsequent to receiving family preservation services is a sign of lack of effectiveness of the FPS intervention. Others would argue that if the FPS-receiving family is still intact, then subsequent use of other services is no worse or different than another non-FPS family needing some services to alleviate family stress. Still others would argue that if the post-FPS services are initiated by the family itself, this is an indicator of family strength, not family weakness or deterioration. Whatever your position on the use of services subsequent to receiving FPS, Theiman, Fuqua and Linnan (1990) found that most families that initiate services after FPS do so within 30 days of FPS service termination, but many initiated post-FPS services at later points in time. While the meaning of this finding is subject to interpretation, the finding itself supports the contention that periodic, distal measures be taken in order to assess not only the durability of an intervention (as intended at the end of service), but also to detect other indicators of child or family functioning that may be related to the intervention.

Another measurement issue of no small importance is that of linking outcome measures with the intended users of the information. Several recent evaluations of family preservation services (Rossi, 1991; Feldman, 1991; Yuan, 1990) have presented equivocal findings about the effectiveness of family preservation services. While the authors provide a variety of explanations for the lack of definitive results, I believe that these equivocal results are due, at least in part, to the resistance encountered when imposing an

experimental research strategy onto a practice environment in such a way that the people providing the data do not receive much benefit for their efforts. If there is little or no direct benefit to those providing the data, there is little incentive for them to take the research effort seriously. This problem is compounded when a measurement system spans more than one service environment.

Practitioners and program directors in different child serving systems have very different philosophical and theoretical underpinnings for their programs. There are also differing political and fiscal pressures that must be accommodated in some way. Dore (1991) has suggested that one approach to designing outcome measures is to make sure that the outcome measures are tied to program goals of the relevant service systems, to differing fundamental theories of family dysfunction, and also to differing referral sources. Dore (1991) states that outcome measures will vary according to the child serving stream that guides [in this case] the FPS program; that programs in mental health streams must be evaluated according to the family's role in caring for a special needs child; that for programs in juvenile justice streams you must include various measures of recidivism and community safety; and that in child welfare, outcomes must include child safety or well being, and family's or caretaker's ability to protect, supervise, and provide basic necessities (p. 134). The implications for measurement of outcomes is that systems will be more inclined to support data collection efforts if that system's needs for information are represented in the outcome measures employed.

Engaging caseworkers at an individual level is also important. If workers receive feedback on the outcome status of individual families or children, or if they can be provided with quarterly or even annual reports of family progress, they will be more inclined to willingly contribute data to the measurement system. This capacity will go a long way towards improving the reliability and validity of the measures. Jones (1991) has suggested that obtaining good outcome data requires multiple sources of data. He suggests families, caseworkers and collateral agencies (such as CPS, mental health, schools, and day care providers) as primary sources of data (p. 179).

Integrating the ideas of several of these researchers, it seems logical to suggest that outcome measures should be developed in collaboration with caseworkers and supervisors in addition to the research a policy representatives normally associated with this task. Further, it is suggested that "management reports" and "practice reports" that rely on outcome measures be designed and provided routinely to those contributing to the measurement process as a benefit to them for their efforts.

In closing, let me put forth three summative statements to help guide the activities for the remainder of this Roundtable:

- An outcome measurement system must include child- and family-centered outcome measures as well as program-centered outcome measures. If only one category is represented in the measurement system the data are easily manipulated or misinterpreted;
- Outcome measures must be relevant to the service environments in which they are applied, because different values are placed on different outcomes in the different systems;
- Multiple outcome measures should be taken at different points in time beginning at intake, throughout intervention, at case closure, and periodically thereafter to assess not only immediate changes attributable to the intervention, but to test the durability of the intervention and assess unexpected or unintended consequences of the intervention.

This is a tall order, but there are several new federal initiatives under way, such as AFCARS and SACWIS, that will improve our information systems capabilities. We must rise to the challenge of demanding that these new systems tell us what we want and need to know about program effectiveness, not just process. The results of this Roundtable and future Roundtables can be used to inform the system development efforts about appropriate outcome measures in child welfare, to resolve some of the measurement issues relating to outcome measurement, and to promote the use of outcome measures to both improve practice and reform policy.

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CLOSING SUMMARY

APRIL 9, 1994

Second Annual Outcome Measures Roundtable
Closing Comments by
Patricia Schene, Ph.D.

It is my responsibility to provide some closing comments summarizing the Second Annual Roundtable on Outcome Measures. I thought it would be useful to revisit the stated purpose or focus of this Roundtable, to summarize some of the main points raised by many of you in the course of our deliberations, and to surface some ideas or issues for consideration for the Third Annual Roundtable which will be held in San Antonio in the spring of 1995.

The overall goal of the Second Roundtable was to have all of us contribute to a menu of outcomes for children and families to use to guide the necessarily separate processes in a variety of jurisdictions to commit to defining outcomes for child welfare services.

The product of this Roundtable was not so much a list of outcomes and their measures but rather a greater readiness to undertake the process in individual states and counties as well as some tools or guidance from the experience of others.

The question still remains as to how we can balance the necessary separateness of each local effort to choose outcomes while simultaneously recognizing the need for some agreed upon set of national outcome goals for the children and families who may reach the public child welfare system.

We also continue to struggle--not as much as last year--but still we continue to struggle with balancing the outcomes for children and families with the more specific outcomes for public child welfare.

It may be helpful to review some of the issues and comments raised at this Roundtable in order to not only summarize our experience but also to reveal the scope of issues that need to be addressed as we address outcomes and their measures.

Issues and Comments

One of the first issues raised can best be stated by the comment of Homer Kern and David Sheets that deciding on what are the "right" outcomes is not the relevant question. Rather we need to focus on what is the process through which we become committed to outcomes. June Cairns reminded us that we should not leave out private, community agencies in that process. Carols Sosa pointed out that there is no "holy grail" of outcomes.

Another major issue raised is that we cannot continually alienate the public by refusing to accept some responsibility for basic outcomes such as safe, adequately functioning children. We need to relate our outcomes to public expectations. John Mattingly advised us to keep outcomes simple--simple enough for the public and the legislators to understand. If this is done well, we can use outcomes to get support for the work of child welfare.

Dana Fabella pointed out that defining and measuring outcomes is not just a child welfare problem but a community problem. "I'm a piece of the system, not the whole system. We need to work with the community to share responsibility for outcomes."

Ray Kirk reminded us of the broad relevance of our endeavor to define and measure outcomes by referring to the USA Today article on the impact of family preservation services. Another example he gave was of the North Carolina legislative session on crime dealing with prevention where the clear hope was that family preservation centers would produce outcomes in terms of the prevention of crime.

Another major issue raised was that we continue to be concerned about the political risks of determining outcomes and then failing to meet them. Bill Hausman reminded us that we are currently failing miserably to meet the public's expectations and that itself should alleviate the political risks of actually defining and measuring outcomes.

Sylvia Pizzini pointed out the importance of private agencies "stepping to the plate" in helping to achieve outcomes. June Cairns agreed but added that it was also necessary to include private agencies in the planning processes where outcomes are established. Others pointed out that the planning process soon to be underway for the Family Preservation and Family Support Act will provide some forums as well as incentives for private agency and community involvement.

Another issue raised related to the openness of the current system to changes that outcome measurement might direct. How can we ourselves get out of the traditional social work models we created for intervention and be willing to deliver services differently if outcomes can be more effectively.

Comments were made again this year about the very real issue of resource limits. When we all come to the table with our marbles, there are still not enough there to truly change the lives of children and families. Yet Carlos Sosa suggested that instead of just saying we need more dollars, we need to say that we have a lot of money being spent now and the important focus should be on what we can commit to **achieve** with those resources. Richard Calica said we need to realize that it's not just a matter of resources, but that we have to recognize that the technology may not exist to achieve outcomes. Some of the problems of children and families are intractable even with dollars and time.

Another important issue raised was the need to collect data on outcomes. Will Johnson pointed out that we know so little that is based on empirical data. For example, his research reveals that only 23% of opened cased of child abuse and neglect have a recurrence of reported maltreatment over the following two years. That could be seen as a 77% success rate. The child functioning workgroup agreed that we need to have good data so we can be held **appropriately** accountable. On the other hand, we must realize that we are held accountable whether we have good data or not.

A point was made about the relationship of the authoritative or involuntary nature of child welfare and the definition of outcomes. Who gets targeted for authoritative intervention vs. voluntary intervention is very relevant as we try to define and measure outcomes. Sylvia Pizzini pointed out that we need to make a distinction between what outcomes we would like vs. what outcomes we demand when families are involved involuntarily. The need to articulate outcomes through the juvenile and family court as well as through the child welfare agency is especially relevant for this population.

The distinction between outcomes and process was raised by many during the course of the Roundtable discussions. As Russell Cardamone pointed out, we need to be open to using the process piece to help realize outcomes. Outcomes do not replace process, but go beyond process.

Another way of looking at this issue is to realize that process is nested in outcomes, rather than thinking that a process orientation is the opposite of an outcome orientation.

The challenge of implementation was raised by many. It is one thing to define and measure outcomes and another to have that information be used in meaningful ways. Eric Bjorklund said we need to be open to measurement of residential care facilities on two key outcomes: movement of children to less restrictive settings and school performance. The expectation would be that the tracking of performance on these measures will affect program emphasis. The example given often is the impact on the airlines of tracking on-time arrivals.

In implementation it is important to clarify values before we can move to outcomes at the community level as well as the administrative level. As Lloyd Malone stated, implementation is affected by what agencies are participating and by what the community can support.

Another issue raised was the tension between the need to evaluate what we are doing now and the need to develop outcome based measures, as David Bernstein said. Madeline Kimmich suggested that we have to operate at both levels simultaneously.

The role of leadership is crucial to the process of developing outcomes and their measures. We cannot measure outcomes unless we are very clear what our program goals are. Political constituencies will always be with us and good programs may not survive without political support. But, outcome measurement is a professional issue as well. We must hold ourselves accountable for the important work we do. This requires leadership and sustained commitment to the development and use of outcome measures.

Defining Topics for Future Roundtables

It was suggested that we address the incorporation of outcome measures into the child welfare reform agenda in terms of cross-system collaborations, earlier intervention and prevention programming, and building neighborhood or community systems of care.

Another topic suggested is the assignment of key accountability for outcome achievement; if it is everyone's job, it may become nobody's job. How can responsibility for outcomes be shared while simultaneously establishing accountability?

The tools for measuring outcomes also need to be addressed.

The issue of federal monitoring such as 427 reviews was raised in terms of incorporating or substituting outcomes for existing process in federal accountability as well as in state requirements.

More attention needs to be paid to the specifics of using process measures currently required in the delivery of child welfare services in a way that they can be viewed as nesting within an outcome based system.

Implementation and utilization of outcome measures is a vital topic where experience needs to be shared.

We need to address the linking of interventions to outcomes. This is a research as well as a practice issue. What interventions are most successful in producing what outcomes for what clients?

We need more carefully drawn distinctions between outcomes and their indicators.

More attention would be welcome in how to go about facilitation of the process of community based participation in the definition of outcomes and their measures.

Conclusion

This Second Roundtable was considered very productive. The preparatory documentation provided gave participants a framework within which to work. The definition of four broad outcome areas--child safety, family continuity or family preservation, family functioning, and child functioning were considered helpful outcome categories. The workgroups made a great deal of progress in developing indicators for each of these outcome areas. Moreover, the presentations of experience and insights were very helpful. The Roundtable process is meeting its goal of providing an annual forum for the field to share progress of outcome measures and to work together to define a menu of outcomes and their measures that will foster developments in many different states and communities.

APPENDICES

SECOND ANNUAL ROUNDTABLE ON OUTCOME MEASURES IN CHILD WELFARE SERVICES

April 7 - 9, 1994
St. Anthony Hotel, San Antonio, Texas

Presented by:

The American Humane Association

and

National Association of Public Child Welfare Administrators
an affiliate of the American Public Welfare Association

FINAL AGENDA

Sponsors

Breaks	Lockheed IMS Child Welfare Services
Evening Reception	Unisys Corporation
A.V. Equipment	Texas Department of protective and Regulatory Services

DAY ONE: THURSDAY, APRIL 7, 1994

10:00 - 1:00 **Registration: Travis Room**

1:00 - 1:15 **Welcome and Introductions**

Speakers: **Kittie Arnold,** Arapahoe County Department of Social Services
Elizabeth Thielman, National Association of Public Child Welfare Administrators, APWA
Patricia Schene, American Humane Association

1:15 - 2:00 **The Importance of Measuring Outcomes in Public Child Welfare**

Speaker: **John Mattingly,** Senior Associate, Annie E. Casey Foundation

2:00 - 2:30 **Review of Purpose and Agenda for the Second Roundtable**

- Summary of Issues Emerging from the First Roundtable
- Overview of the Agenda

Speakers: **Patricia Schene,** American Humane Association
Dennis Orthner, University of North Carolina, Chapel Hill

2:30 - 3:00 **Discussion: The Value and Challenges of Developing and Measuring Outcomes in Child Welfare Services**

Moderator: **Carlos Sosa,** Los Angeles County Department of Children's Services

3:00 - 3:30 **Break**

3:30 - 4:30 **Review of Background Paper: Defining Outcomes for Child Welfare Services**

- Framework
- Target Outcomes

Speakers: **Dennis Orthner,** University of North Carolina, Chapel Hill
Nancy McDaniel, American Humane Association

4:30 **Closing Announcements**

6:00 - 9:00 **Evening Reception: Jefferson Manor**

ALL GENERAL SESSIONS WILL BE HELD IN THE TRAVIS ROOM

DAY TWO: FRIDAY, APRIL 8, 1994

8:30 - 12:00 **Presentations of Experience**

- Process or challenges in defining outcomes
- Specification of outcomes/indicators
- Implications of outcome definition for child welfare system
- Results /findings to date
- Future direction

Moderator: **Nancy McDaniel**, American Humane Association

Colorado **Ann Anderson**, Colorado Department of Social Services
Kittie Arnold, Arapahoe County Department of Social Services
Terri Bailey, Piton Foundation
Lloyd Malone, El Paso County Department of Social Services

Texas **David Sheets**, Texas Department of Protective and Regulatory Services
Homer Kern, Texas Department of Protective and Regulatory Services

10:00 - 10:30 **Break**

Calif **Will Johnson**, Alameda County Social Services

Utah **Earl Bassett**, Utah Division of Family Services
Eric Bjorklund, Utah Youth Village

12:00 - 1:30 **Lunch -- On Your Own**

1:30 - 1:45 **Definition of Work Group Tasks**

1:45 - 3:15 **Work Groups Meet Defined around Target Outcomes**

Breakout Rooms
Lafitte
Laredo
Midland
Corpus Christi

- Clarify definition of each target outcome; child safety, child functioning, family functioning, family continuity/preservation
- Review illustrative examples of outcomes
- Generate list of additional outcomes

3:15 - 3:45 **Break**

3:45 - 5:00 **Reports from Work Groups**

- Report back to Participants
- Reaction and Discussion

Facilitators: **Pat Devin**, Texas Department of Protective and Regulatory Services
Carlos Sosa, Los Angeles County Department of Children's Services

DAY THREE: SATURDAY, APRIL 9, 1994

8:30 - 9:15 **Work Group Session: Prioritization of Desired Outcomes**

Breakout Rooms
Midland
Corpus Christi
Travis Room

- Prioritize based on input from previous day's discussion
- Identify no more than five outcome indicators for each target category

9:15 - 10:15 **Report from Work Groups and Participant Reaction**

Facilators: **Pat Devin,** Texas Department of Protective & Regulatory Services
Carlos Sosa, Los Angeles County Department of Children's Services

10:15 - 10:45 **Break**

10:45 - 11:45 **Getting Started**

Speakers: **Dennis Orthner,** University of North Carolina, Chapel Hill
Ray Kirk, University of North Carolina, Chapel Hill

- What have we learned about measuring outcomes?
- What current vehicles or initiatives support development and implementation? Who do you involve?
- What strategies encourage success?

11:45 - 12:00 **Summary of the Roundtable**

Speaker: **Patricia Schene,** American Humane Association

12:00 - 12:30 **Closing Announcements and Planning for the Third Annual Roundtable**

Moderator: **Elizabeth Thielman,** National Association of Public Child Welfare Administrators, APWA

12:30 **Meeting Adjourned**

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